

Heroes and Hooligans:

Men's Experiences of Resilience and Belonging in Posttraumatic Stress Disorder Recovery

by

Susan J. Hornby

Thesis submitted to the

Faculty of Applied Human Sciences

in partial fulfillment of the requirements

for the degree of Master of Applied Health Services Research

University of Prince Edward Island

## ABSTRACT

Resilience and belonging are frequently linked to positive outcomes in studies of posttraumatic stress disorder (PTSD) and recovery. To explore the trajectories of resilience and belonging in the lived experiences of men who have endured severe trauma and have engaged in lives or occupations involving aggression and dominance, in-depth interviews were conducted with four participants in two groups: military veterans and criminal offenders. The interviews were analyzed using interpretative phenomenological analysis (IPA). This thesis examines how environmental and institutional discourses and conventions are experienced and given meaning as individuals struggle to negotiate pathways from acute symptom experiences of posttraumatic stress. First, the analysis demonstrates that chronic and complex forms of PTSD result from adaptive responses to moral injury and the destruction of character. Second, the analysis shows that, like PTSD recovery, resilience is less a character trait than a process of struggles to find meaning and hope, including posttraumatic growth. Third, belonging is not considered by all participants as an essential pathway to recovery, although connections are deemed important. Findings are discussed in light of implications for research and for health care service provision in correctional, military, educational, and community institutions.

*Keywords:* posttraumatic stress disorder (PTSD), resilience, belonging, recovery, military, criminal offenders, boyhood sexual abuse, interpretative phenomenological analysis (IPA)

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS	VII
CHAPTER 1 - INTRODUCTION	1
Purpose of Research	1
Military Group	2
Offender Group	3
Research Questions and Methodological Responses	4
Presentation of Chapters	6
CHAPTER 2- LITERATURE REVIEW	8
Posttraumatic Stress Disorder	8
Complex PTSD	12
From Pathology to Authentic Response?	13
Trauma	14
Criminal Offenders' Traumas	17
Masculinities	18
Heroes and Hooligans	20
Posttraumatic Growth	23
Recovery	24
Resilience	26
Sense of Belonging	29
Literature Review Summary	33
CHAPTER 3 – THEORETICAL UNDERPINNINGS	36
Ontological Exploration	36
Phenomenology	37
Heidegger and Hermeneutics	38
Habermassian Hermeneutics	39
Epistemology	41
Language	42
Methodology	47
Final Thoughts: From Bricoleur to Bricolage	49
CHAPTER 4 – RESEARCH DESIGN	50
Ethical Considerations	53

## TABLE OF CONTENTS

Informed Consent	54
Risks	55
Inducements	57
My Place in the Research	58
Description of Research Approach	59
Sample Population	59
Size	60
Inclusion Criteria	60
Method	61
Data Collection	61
The Interviews	63
Data Analysis	64
Connecting Themes	66
Moving On	66
Superordinate Themes	67
Analysis Validity	68
CHAPTER 5: RESULTS	70
1. Betrayal: “It Might Have Been a Whole Different Story”	71
2. Hypermasculinities: “You Should Be Where I Was!”	101
3. Resilience Explored: “I’ve Lived It”	118
4. Belonging: “Everyone Wants to Belong to Something”	133
5. Changing the Environment: “You Got to Make This Right”	157
CHAPTER 6: DISCUSSION	182
Major Findings	182
Question 1: Management of Trauma and PTSD Experiences	184
Question 2: Resilience and Belonging in Recovery Pathways	197
Changing the Environment	214
Towards a Recovery Trialectic	218
Reflexivity	219
CHAPTER 7: CONCLUSIONS	221
Considerations for Educators and Youth Workers	223

## TABLE OF CONTENTS

Considerations for Military and Correctional Leaders and Support Organizations	224
Future Research	225
REFERENCES	226
APPENDIX A	303
Invitation to Participate	303
APPENDIX B	305
Information Letter (Veteran population)	305
APPENDIX C	308
Information Letter – Offender population	308
APPENDIX D	311
Consent to Participate Form -- Veteran	311
APPENDIX E	314
Consent to Participate Form - Offender	314
APPENDIX F	317
Interview Guide	317

## ACKNOWLEDGEMENTS

To many individuals I owe much. This thesis is a collective accomplishment.

First, with humility and respect, I thank the four participants: Parker, Mick, Sumner, and Chris. They are brave men who have endured many traumas. They trusted in themselves and in me to share their experiences. The findings in this study are the result of their forthright commitment to describing the events that have shaped their journeys.

Next, I express gratitude to my supervisor Dr. Colleen MacQuarrie, Department of Psychology, University of Prince Edward Island. She has read too many words and pages too many times. She has been always available to converse, challenge, critique, and encourage. I have benefitted from her research expertise, her exceptional kindness and support, and her belief in this project. To my committee members: Dr. Jason Doiron, Department of Psychology, University of Prince Edward Island and Dr. Jim Thompson, medical advisor in the Research Directorate, Veterans Affairs Canada. I am grateful for your review and comments; your involvement in this project was invaluable.

Further, I want to express my thanks to my cohort and professors in the Master of Applied Health Services Research program. This was a collaboration of four universities - University of Prince Edward Island, University of New Brunswick, Dalhousie University, and Memorial University of Newfoundland - and a graduate program developed through the Atlantic Regional Training Centre (ARTC). It was a wonderful experience and all who administer it are exceptional.

I have been fortunate to have enduring friendships, with remarkable people. I am even luckier to have such a family. Each of you, friends and family, you mean the world to me.



*This thesis is dedicated to*

*my parents:*

*Flt Lt James O. Hornby and Jean MacPhee Hornby*

*who lived, worked and, in my father's case, served during World War II*

*and who delighted in my brothers and me and our families*

*and to*

*my sons:*

*Keith and Sebastian Hornby Baglole*

*who are my dreams come true*



## **CHAPTER 1 - INTRODUCTION**

For affected individuals, this event is a watershed in their lives. Things are never the same afterwards. There is a major discontinuity between their pre- and posttraumatic sense of themselves, their world, and their future. The memory of the trauma is at the heart of the diagnosis and the organizing core around which all of the other symptoms can be understood (Friedman, 2013, p. 550).

There are two groups of men in this research study. The military veterans are introduced as the ‘heroes’ – the men who have fulfilled the ultimate hegemonic masculine protective role by working to save not only their family but their country. The offenders are introduced as the ‘hooligans’ – the men who have stolen and robbed, been violent perhaps, who have fulfilled society’s expectations of them that they would not amount to anything. But like any binary, there is more grey than there is black or white. Like any binary, there are many cross-identifications and blendings. There are frequent acts of heroism among offenders and frequent acts of hooliganism among military personnel. One only needs to look to Alexander Solzhenitsyn’s claim that “the line between good and evil cuts through the heart of every human being” (1974, p. 168).

### **Purpose of Research**

In research on trauma and on trauma recovery, links between the experiences of military personnel and criminal offenders are made on only rare occasions. In this study, the focus is on these two groups, on men who have engaged in lives or occupations involving aggression, violence, and dominance. In particular, I explore the roles of belonging and resilience in recovery progressions among military veterans who developed PTSD as the result of

occupational experiences, and among criminal offenders who developed complex PTSD as the result of boyhood sexual abuse.

### **Military Group**

In 2005, there were 61,715 people in the regular Canadian forces and an additional 25,633 in the primary reserve force (Kirby & Keon, 2006); 85 percent were men (Ombudsman, Department of National Defense/Canadian Forces [OCF], 2011). In the military, unlike the correctional services, there is considerable attention paid to PTSD. However, responses to the psychosocial difficulties following exposure to psychological traumas remain an area of active research, policy, and programming need. The Ombudsman for National Defence and the Canadian Forces in 2002 stated that PTSD and other operational stress injuries (OSIs) are problematic for hundreds and perhaps thousands of returned Canadian soldiers (OCF, 2008). The Canadian Forces and the Department of National Defence have been criticized in recent years for providing inadequate resources, human and financial, to assist combat veterans with PTSD treatment, with community resettlement (OCF, 2009), and with overcoming stigma shown to service personnel with mental illness (Standing Committee on National Defense, 2009). A 2011 report of the Canadian Forces ombudsman indicates there are improvements in diagnosis and treatment of operational stress injuries, including PTSD, but notes the current number of military personnel suffering from mental health problems is high and warrants further review (OCF, 2011). Military researchers and leaders continue to pursue the most effective approaches for treating PTSD at a number of levels: individual care, institutional response, and social education; more work is needed.

## Offender Group

There are more than 14,000 Canadians incarcerated in 57 federal prisons across the country (Office of the Correctional Investigator (OCI), 2011). Approximately 38 percent of the males and 50 percent of the females presented at the beginning of their penitentiary sentences in 2010-2011 as requiring further mental health assessments (OCI, 2011). Correctional investigator Howard Sapers has called mental health one of the “most significant concerns facing federal corrections today” (OCI, 2010, 1A, para. 1) and has commented that federal prisoners experience mental health problems at a rate two-to-three times higher than in the general Canadian population (OCI, 2014). A number of researchers argue most prisoners have endured physical, emotional, and/or sexual abuse in childhood (Goff, Rose, Rose, & Purves, 2007; McClure, 2009), events which can form the foundation for adult violent behaviour (Dutton & Hart, 1992) and a diagnosis of PTSD or complex PTSD (Boals & Hathaway, 2009; Herman, 1992). Many prisoners are diagnosed with antisocial or borderline personality disorders (Fazel & Danesh, 2002)<sup>1</sup> but a PTSD diagnosis is not one “of interest within the prison system” (Goff et al., 2007, p. 153). I found only one piece of research reviewing federal prisoners and mental health in Canada that referenced PTSD as a mental health diagnosis in the male prison population, and studies in juvenile centres rarely mention it (Guchereau, Jourkiv, & Zametkin, 2009). Interestingly for the purpose of this study, the one piece of research was completed by Correctional Service of Canada on the health issues faced by the Canadian military veterans incarcerated in prisons across the country (Bensimon & Ruddell, 2010).

---

<sup>1</sup> While Goff et al (2007) reference 50% of male prisoners are diagnosed with antisocial personality disorder (ASPD) and one in seven have psychotic illness or depression (Fazel & Danesh, 2002) they also reference a Weeks and Widom 1998 study showing the majority of prisoners were victims in childhood of physical abuse, neglect, and sexual abuse.

The Canadian Office of the Correctional Investigator does not list PTSD in the mental illness diagnoses noted for prisoner intake in the federal system. However, it does refer to research literature findings that more effective interventions are realized from trying to address underlying motivations for “self-harming behaviour (often traumatic psychological, physical or sexual abuse) rather than interventions that simply try to momentarily stop it” (OCI, 2011, 1A, Para. 3.).

The stigma still attached to mental health issues (Kirby & Keon, 2006) makes treatment for PTSD problematic at best in both groups, perhaps especially for the many ex-offenders who have not had a diagnosis of PTSD (OCI, 2011). I approach this work with the assumption that untreated trauma, vulnerability, and mental illness have serious repercussions for the men who suffer and for families, friends, neighbours, and members of the public. Similarly, I respect the abilities of the sufferers to reflect upon the traumas they have experienced and upon their pathways to recovery.

### **Research Questions and Methodological Responses**

The purpose of this research is to explore the lifeworlds of men who have experienced trauma in ways that have, as Wertz (2011) argues, destroyed something fundamental in the individual’s life. Furthermore, this study seeks to move from an exploration of trauma and its aftermath to the pathways of recovery in the lifeworlds of four men. The perspectives are framed by two broad research questions:

- (1) How do men living in the aggressive environments of the military or the prison experience, cope with, and explore recovery pathways from PTSD and complex PTSD?

(2) What does recovery mean for men who have been traumatized and how do they interpret resilience and sense of belonging?

These questions could be answered quantitatively, but they involve exploration of meaning making and journeys taken through and following traumatic periods and afterwards. Pertinent to this study is the argument of cognitive psychologists that the combination of hermeneutics and phenomenology provides an essential contribution to health psychology as it situates the individual in both historical and cultural context, a locating of an issue, in this case PTSD and recovery processes, in a time period (1980s to present day), a location (Canada), and contexts or environments (military, corrections, education, healthcare) (Larkin, Eatough, & Osborn, 2011). In addition to these placements of the research, interpretative phenomenological analysis (IPA), a blending of hermeneutics and phenomenology, provides an analytical blend, “to be deliberately engaged with the concrete decisions involved in our day-to-day existence, seeking to raise our existence up to a more authentic level, to ‘seize the time’, as it were” (Moran, 2000, p. 220).

The broad questions were explored with the participants through a number of avenues: negotiations through vulnerability from traumas while living or having lived in violent environments or environments where they were confronted with violence and death; experiences of resilience in recovery; experiences of belonging in recovery and reintegration; experiences of institutional health care, in military settings, community facilities, and/or prisons; exploration of the binaries set out by the title of this thesis and whether binaries such as hero/hooligan played a role in the men’s processes of vulnerability and/or empowerment.

I note here at the outset that, of the four participants in this thesis, only one has been diagnosed with PTSD by clinicians; one, a first responder, was diagnosed with depression in the post-Vietnam War period when PTSD was newly named (French & Wailer, 1983), and the other two have come through correctional systems that, as both research and practice indicate, do not support the diagnosis or treatment of PTSD (Goff et al., 2007; OCI, 2011). Nevertheless, all four participants clearly demonstrate in their accounts the symptom clusters of event(s), intrusion/re-experiencing, avoidance/numbing, and arousal (Friedman, 2013).

### **Presentation of Chapters**

In the next chapter I review the academic research on PTSD. The literature explores the zeitgeist of PTSD and more generally of the persisting emotional and behavioural difficulties in individuals following psychological traumas in the institutional environments of the military and corrections. Theories on resilience, belonging, and recovery are set as a transformative trialectic (Gülerce, 2014), negotiated by the individual and not prescriptive, weaving together to advance all.

Following the literature review, the methodological and philosophical bases for this study are presented to ground the research in phenomenology and hermeneutics. Particular attention is given to the work of Heidegger and Habermas. This is followed by a positioning of the work in the lens of critical research to both legitimate the participants to existential reflections and to problematize the responses they have had to those experiences.

The next chapter sets out the research design through which IPA is used to frame and make sense of data collection and analysis. Taking advantage of research conversations in qualitative studies (Herda, 1999), the participants provided a large body of data from which the

research questions were answered. How these conversations were analyzed and set forth is established in the fifth chapter.

The participants' experiences, reflections, and interpretations, coded and analyzed through the theoretical frameworks set out in Chapter 5, build the results in five master or superordinate themes, each with a series of emergent or sub-themes. Each of these master themes is displayed in a themes table, as per the presentation of IPA research. The themes tables connect the reader to the theories of masculinities and within the contexts of resilience, belonging, and recovery.

Then, in Chapter 6, I place the experiences, reflections, and interpretations of the participants within the masculinities and PTSD-moral injury work and the resilience-belonging-recovery trialectic. Within the positioning of these features, we see the individual struggles within systems moving towards reclaiming control of self. The examination of the participants' narratives provides examples of agentic journeying and the need for a re-examination of constraints placed on the language and definitions of ill-health, of PTSD, and of resilience, belonging, and recovery pathways.

The conclusion to this study in Chapter 7 reflects on the role of systems, such as the military, corrections, education, and healthcare, to explore their formal treatments and less structured responses to the traumatized individuals in their midsts. The implications for policy and practice will be discussed and suggestions for change offered.

## **CHAPTER 2- LITERATURE REVIEW**

The traumatic events in the lives of individuals with childhood sexual abuse, combat, or first responder exposures tend to be multiply-experienced and of intense horror. Thus, for this study, PTSD has two a priori effects: that the traumas were of such a degree that they caused the death or destruction of something intrinsic in the lives of the participants (Wertz, 2011), and that there was a moral injury committed as a direct result of the traumas (Shay, 2014).

In this chapter, I present literature exploring PTSD as a construct and the ways it has been named and disputed and changed. The research on PTSD among military servicemen as well as the literature on trauma effects in the lives of male offenders are reviewed. Second, I discuss literature on hegemonic, including toxic, masculinities and ways the dominant social and cultural discourses place rigid expectations of behaviour and attitude on men who live in violent and aggressive environments. This section concludes with discussion of research that has connected the two groups and the ways the stigmatized roles of each group are expressed and reinforced. Third, the research on PTSD is reviewed through the rehabilitative lenses of resilience, belonging, and recovery, and how the body of literature that constrains definition within parameters excludes and stigmatizes individuals unable to realize the destinations. At the close of the chapter, I argue for a reconsideration of the mainstream approaches taken towards resilience, belonging, and recovery in PTSD sufferers.

### **Posttraumatic Stress Disorder**

Posttraumatic stress disorder (PTSD) is the most widely-used term to define the clusters of post-trauma responses in an individual over an extended period. These responses are indicated in three broad sets: hyper-arousal following exposure to traumatic event(s); intrusive



re-experiencing of the trauma(s); and negative cognitive, emotional, and behavioural responses to the trauma(s) (Cox, Resnick, & Kilpatrick, 2014; Miller, Wolf, & Keane, 2014).

Like many mental injuries, PTSD is subjectively and individually developed. Unlike others, it follows a single event or series of events, either human-directed or the result of natural disasters (American Psychiatric Association [APA], 2013; Friedman, 2013; Wilson, 1989). It is a relatively new term, in usage following the Vietnam War veterans' struggles and since the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; DSM–III) listed it in 1980 (Beck, 2004; APA, 1980; Wilson, 1989). A decade later, complex PTSD was first used to denote the injuries particular to those who have experienced multiple and protracted traumas, combat veterans and sexually-abused children among the sufferers with the most grievous and lasting effects (Herman, 1992b; Zlotnick et al., 1996). Most recently, the publication of DSM-5 places PTSD out of the anxiety disorders and into a new set entitled Trauma and Stress-Related Disorders (APA, 2013).

It is an injury and a diagnosis that has been couched in controversy from its earliest identification on the battlefield (Bertram & Dartt, 2009; Brewin, Lanius, Novac, Schnyder, & Galea, 2009). Bertram and Dartt (2009) point to the Franco-Prussian War and its occurrence in the same era as the birth of psychoanalytical theory as the catalyst for the first diagnostic criteria for the inexplicable actions of returning soldiers. It has been known by many names: soldier's heart (American Civil War), combat neuroses (World War I), combat fatigue or gross stress reaction (Archibald et al., 1962; Bertram & Dartt, 2009), shell shock (Jones, Fear & Wessely, 2007) (World War II), zombie reaction (Korean War), and post-Vietnam traumatic stress disorder (French & Wailer, 1983). Soldiers have struggled with the stigma attached to PTSD, an aura of

individual weakness and pathology that persists among military leaders and health care professionals, as well as soldiers themselves (Fontana & Rosenheck, 1994; Hoge et al., 2004; Kilshaw, 2008). Other names, such as operational stress injury psychological injury (Shay, 2011), or moral injury (Shay, 2014) have been suggested to replace PTSD.

The requirements for a diagnosis of PTSD have also changed over the iterations of publications of the DSM and the International Classification of Diseases (ICD) (Bertram & Dartt, 2009; Morina, van Emmerik, Andrews, & Brewin, 2014). The current (DSM-5) criteria have the following components: (1) exposure to actual or threatened death, serious injury, or sexual violation; (2) episodes of repetitive and intrusive re-living of the trauma; (3) efforts of avoidance of situations similar to the traumatic events; (4) arousal reactions to trauma triggers, evidenced either by intense emotions, including aggression, or by social and emotional withdrawal; (5) a persistence of symptoms for a period in excess of one month, lasting in cases of chronic and persistent traumatization for years; and (6) personal and social impairment of daily living as the direct result of the traumatic episode or events (DSM-5, 2013; Dorahy & van der Hart, 2015; Friedman, 2013).

Between the publication of the DSM-III in 1980 and the revised edition (DSM-III-R) in 1987, the stressor criterion or Criterion A was explained as events evoking such horror and helplessness – childhood abuse, rape, war, incarceration, or life-threatening accidents – that they would be distressing to almost anyone (Brewin, Andrews, & Rose, 2000); this criterion formed an essential part of the diagnosis for PTSD until the release of DSM-5 in 2013. The important changes in the criteria markers for PTSD diagnosis of particular relevance to this thesis are the following: (1) Individual responses of helplessness and horror were removed as not predictive of

PTSD; (2) Specific reference was made to traumas of sexual assault and chronic, repeated exposure of first responders; and (3) The arousal response was separated into two categories: negative cognitions and mood, and arousal. The earliest evaluation of the modifications to the diagnostic criteria brought about with DSM-5 indicate this latest version better captures the cognitive changes inherent in onset of PTSD than did DSM-IV (Cox, Resnick, & Kilpatrick, 2014; Friedman, 2013). The changes include expanding the scope of dysfunctional, posttrauma changes in belief, reflected in cognitive alterations following onset, of a distorted and negative view of the world and self, as well as exaggerated sense of blame of self or others (Cox et al., 2014; Friedman, 2013).

Despite the diagnostic changes, the biopsychosocial responses to traumatic events that are crippling for the sufferer do not seem to have altered substantially over the decades (Creamer, Morris, Biddle, & Elliott, 1999). Van der Kolk posited that individuals may display a façade of relative calm in the face of “inescapable shock” (1987, p. 31). In a similar vein, Roth argued that PTSD symptoms, including rumination about the trauma, hyperalertness, and numbed affect “are indications of a need to continually scan the environment for danger, since in retrospect if that had been done, the traumatic event might have been prevented” (1987, p. 40). And Archibald and colleagues, conducting a 15-year followup of World War II soldiers with gross stress reaction, found the sufferers to experience chronic nightmares, startle responses, efforts to avoid war stimuli (such as giving up hunting), combat dreams, depression, irritability, feelings of guilt, and over-use of alcohol (1962).

Most of the work on PTSD continues to be with combat veterans, although a growing body of research explores the disorder in first responders – medical personnel in military zones, police, fire fighters, and paramedics (McFarlane, Williamson, & Barton, 2009).

### **Complex PTSD**

Researchers in the early 1990s began using the term Disorders of Extreme Stress Not Otherwise Specified (DESNOS) to describe combined symptoms of PTSD and borderline personality disorder in individuals who had endured multiple and invasive childhood traumas (Briere & Spinazzola, 2005; Ford & Kidd, 1998; Herman, 1992a). The term DESNOS is more frequently known as complex PTSD and is used where clinicians believe a PTSD diagnosis is insufficient to describe the full range of disturbances following chronic traumas that in most cases occurred during some form of captivity – concentration camps, prisons, institutions such as reform schools, and in family homes and in ways that preclude the kinds of social validation for the victims that would follow traumas caused by natural disasters (Bryant, 2010; Herman, 1992b; Hall, 1999). The relationship between the perpetrator and victim in prolonged traumas is coercive and defined by the victim's inability to escape:

This is equally true whether the victim is rendered captive primarily by physical force (as in the case of prisoners and hostages), or by a combination of physical, economic, social, and psychological means (as in the case of religious cult members, battered women, and abused children) (Herman, 1992a, p. 378).

Changes to the definition and description of PTSD made for DSM-5 did not include the addition of complex PTSD, despite the recommendations of clinicians and researchers (Cloitre, Garvert, Weiss, Carlson, & Bryant, 2014). The DSM-5 does specify, however, the chronic

responses to traumas from sexual assaults and childhood abuse and to dissociation, considered by Ginzburg and colleagues (2006) as comparative to complex PTSD / DESNOS and by Van der Hart, Nijenhuis, and Steele (2005) as an underpinning feature (Dorahy & van der Hart, 2015; DSM-5). Indeed, Dorahy and van der Hart argue that dissociation is a feature generally in PTSD and that DSM-5's separation into two subtypes, dissociative and non-dissociative, brings forth challenges in assessment and treatment (Dorahy & van der Hart, 2015). Studies also have explored neurological dysfunction in survivors of chronic childhood sexual and physical abuse. Wolf and colleagues have used the Minnesota Multiphase Personality Inventory (MMPI) to assess neuropsychiatric disturbances in childhood abuse survivors, finding that chronic abuse results in cognitive disruptions and complex PTSD symptoms rather than classic PTSD symptoms (Reinhard, Wolf, & Cozolino, 2010; Wolf, Reinhard, Cozolino, Caldwell, & Asamen, 2009).

### **From Pathology to Authentic Response?**

In this study, I explore the phenomenology of PTSD, not as weakness and mental disorder but as an adaptive, healthy response to events of such catastrophic immensity in the lives of the sufferers that *not* developing PTSD may be a signal for concern. There is literature to support this strategy. In the 1960s, Maslow argued for adopting a continuum and process approach to exploring and caring for health and ill-health in his rejection of health and sickness as a binary: "I maintain now that sickness might consist of *not* having symptoms when you should.... Which of the Nazis at Auschwitz or Dachau were healthy? Those with stricken conscience or those with a nice, clear, happy conscience?" (1962, p. 9). More recently, Bertram and Dartt explore PTSD, not through "the locus of abnormal behaviour from pathology of

individual psyche” (2009, p. 294), but through an adaptive response to tragic, horrific, or violent contexts.

## **Trauma**

The bulk of attention to PTSD is in the reasons for it, the debate on whether it is a significant mental illness, and the negative consequences for the traumatized (Affifi, Asmundson, Taylor, & Jang, 2010; Boals & Hathaway, 2010; Brewin, Andrews, & Rose, 2000; Pearlman, 1998; van der Kolk, Greenberg, Boyd, & Krystal, 1985).

**‘What trauma is’.** Husserlian phenomenologist Frederick Wertz conducted a study of a trauma victim and her experience of trauma, of her own resilience, and of recovery. He states that in identifying the essence of the experience, his participant defines “what trauma is” [emphasis in original] (Wertz, 2011, p. 128). His participant’s traumatic experience was of cancer; yet, cancer is not synonymous with trauma: there are many forms of trauma: “We begin to clarify what is essential to trauma by discovering those qualities that, when imaginatively removed, yield instances of experience that are not traumatic” (Wertz, 2011, p. 128). What Wertz is saying is that one may experience a life event that does not destroy something essential or fundamental in one’s life and thus learn that that experience is not traumatic. Consequently, the destruction of something crucially important is “invariant” (2011, p. 128) or necessary for a definition of trauma.

Psychiatrist Jonathan Shay worked for many years with Vietnam War veterans. He defines their traumas and the traumas of other combat soldiers as a moral injury (2014), a betrayal of social and moral order in the world, or ‘what’s right’ (*thémis*) (1994). In *Achilles in Vietnam: Combat trauma and the undoing of character*, Shay compares the experiences of the

veterans of the Vietnam conflict with the soldiers of Homer's *Iliad*. In one of his articles on PTSD as moral injury (2014), he argues that the symptoms of PTSD, or what is defined in DSM-5 as non-dissociative PTSD occurring possibly from accidents or natural disasters, are rarely what lead to substance abuse, violence, suicide, or criminality: the undoing of character through a moral injury is what leads to disastrous consequences.

### **Combat Veterans' Traumas**

The impact of combat traumas on the psyches and resocialization processes of military veterans does predate, as Shay argues, the introduction of PTSD as a diagnostic criteria in DSM-III and the return of the Vietnam vets; violations of *thémis* show themselves through all the wars (McCranie & Hyer, 2000; Owens, Steger, Whitesell, & Herrera, 2009; Rintamaki, Weaver, Elbaum, Klama, & Miskevics, 2009; Shatan, 1973). Consequently, exploration of the psychological outcomes of combat soldiers has attracted academic and medical attention in these wars (Archibald, Lang, Miller, & Tuddenheim, 1962; Magruder & Yeager, 2009; Schnurr, Lunney, Bovin, & Marx, 2009). While acknowledging a public command that the soldier merely 'forget about the war' and get on with the practice of living, the medical community perceived that ignoring the stress responses of the veterans would not ameliorate any of the problems (Kuehn, 2010). For Archibald and colleagues, the relevance of continued monitoring of combat traumas would both assist the medical world "and contribute to the maintenance and improvement of these men" (1962, p. 321).

For soldiers who have never seen combat, the rates of PTSD are approximately eight percent (Castro, 2009). In a presentation to a combat stress conference in 2008, Army Colonel Carl Castro reminded his audience that base soldiers' PTSD rate is *not* zero. For veterans of Iraq

and Afghanistan, the rate is usually established between 17 and 20 percent, but was listed as high as 50 percent for National Guard soldiers (Castro, 2009). The soldiers' symptoms included hypervigilance and insomnia. Yet, these are actually coping strategies developed as part of deployment and training. Shame and guilt were referenced as chronic emotions in post-deployment soldiers with PTSD (Castro, 2009; Creamer, Wade, Fletcher, & Forbes, 2011; Resick & Miller, 2009); in a study of Vietnam veterans, Foy and colleagues noted reports of "pervasive disgust" in a large majority of PTSD-positive combat veterans (Foy, Sippelle, Rueger, & Carroll, 1984, p. 86).

The DSM diagnosis of PTSD criteria has been critiqued since initial classification (Miller, Wolf, & Keane, 2014). Castro and others are unequivocal in their criticism of the DSM definition of PTSD applied to soldiers, calling the diagnosis as stated in the DSM-IV version (APA, 1994) "crazy... when applied rigidly to our combat veterans" (2009, p. 249), primarily because that version required a fear response to the traumas to satisfy a diagnosis of PTSD and many soldiers experienced shame, guilt, and moral outrage at the behaviour of their leaders or themselves, but not fear (Brewin, Andrews, & Rose, 2000; Maguen et al., 2010). Soldiers also often reported experiencing no feelings at all, rather the physical and cognitive exertions of trying to save a mate, or reach a target, or perform a task (Miller et al., 2014). The soldiers in combat most likely to screen positive for PTSD served in combat arms, engineer, transportation, or support units (Castro, 2009; Pietrzak, Whealin, Stotzer, Goldstein, & Southwick, 2011). Researchers recommend reassessments of post-combat soldiers for PTSD at various intervals following deployment as PTSD levels not immediately evident have been shown to manifest months later (Sundin, Fear, Iversen, Rona, & Wessely, 2010).



## **Criminal Offenders' Traumas**

Connections among childhood traumas, substance abuse, and criminality are rarely investigated in the literature. Researchers note this lack of connection as “particularly troubling” (Kubiak, 2004, p. 424) and that many inmates would satisfy the criteria for a PTSD diagnosis (Kubiak, 2004; McClure, 2009; Widom, Schuck, & White, 2006). A large body of research in the 1980s – 2000s did explore the prevalence and longterm impacts of childhood sexual abuse on men (Finkelhor & Browne, 1988; Gartner, 1999a; Holmes, Offen, & Waller, 1998; Hunter, 1990a; Lew, 1988). Much of the work was led by clinicians, looking at the difficulties experienced by many boyhood sexual abuse victims in negotiating recovery pathways, exacerbated by social discourses on standards of masculine prowess and emotional control (Lisak et al., 1996).

Another challenge in examining these connections - whether correlation or causation - is the essential refusal by the prison system to investigate trauma as precursor to chronic substance abuse and criminality in the inmate populations (Fisher & Berdie, 1978; Howing, Wodarski, Kurtz, Gaudin, & Herbst, 1990). A number of researchers posit that jails and penitentiaries are not likely to inquire about inmates' childhood victimizations and have found high rates of childhood sexual abuse histories in men incarcerated for non-sex crimes (Condy, Templer, Brown, & Veaco, 1987; Holmes, Offen, & Waller, 1997;). A study by Chandy, Blum, and Resnick (1997), found higher rates of delinquency and behaviours such as vandalism, assaults, and stealing among abused adolescents than was evidenced in the non-abused group.

There is a body of work exploring mental illness among incarcerated men (Connolly & Woollons, 2008; Goff et al., 2007; Greenburg & Rosenheck, 2009; Johnson et al., 2005). These

studies note that rates of childhood sexual abuse admission by inmates are lower among incarcerated men than incarcerated women and also that PTSD is present but almost never included in studies of mental illness (Goff et al., 2007). Goff and colleagues called the omission of PTSD research in a forensic population “puzzling”: “Failure to identify and treat PTSD among prisoners could be a factor predisposing to suicide and self-harming behaviour in prison and, indeed, to recidivism” (2007, p. 153). They also suggested that under-reporting of mental illness and PTSD might be a conscious decision by the male inmates to present themselves as hyper-masculinized and thus not vulnerable, particularly within the prison environment (Goff et al., 2007; Kupers, 2005).

### **Masculinities**

Johnston and Morrison (2007) consider that research on men and masculinities have directly or indirectly reflected two theories: Connell’s theory of hegemonic masculinity (Carrigan, Connell, & Lee, 1985) and the theory of male reference group identity dependence (Wade, 1998). Both theories include views of masculinity traditionally espoused by offender and military groups. The first theory places alternative masculinities in a hierarchy with the stoicism and strength of the hegemonic positioned as the ideal (Carrigan, Connell, & Lee, 1985). The second posits that men place themselves into one of three categories in respect to dependence of other men on him as a gendered person (Wade, 1998). Those categorized as reference group dependent – offenders and military soldiers would fall into this group – tend to have an idealized view of maleness and a pejorative judgment of those who do not share this definition (Atherton, 2009; Johnston & Morrison, 2007).

The ‘masculinization’ of men has led to the consideration in patriarchal cultures that aggression is powerful and good and essential for the protection of the vulnerable (Burns & Mahalik, 2011; Struve, 1990), and that masculinized men “are willing to sacrifice themselves for the good of the whole” (Lisak, 1995, p. 259). There are many constructs of masculinity (Connell & Messerschmidt, 2005; Karp, 2010; Keddie, 2005; Moller, 2007; Wade, 1998; Wedgewood, 2009), but men who live in violent environments such as prison or the military are not offered many options other than the dominant ideal: that boys are raised to aspire to physical prowess and to deny physical and emotional pain (Kilshaw, 2008; Kupers, 2005; Lisak, 1995).

The results of trauma in men who have accepted, even embraced, hegemonic masculine ways of being have been explored and discussed in the literature (Alaggia & Millington, 2008; Barrett, 1996; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005; Lisak et al., 1996), with a focus on emotional constriction as a consequence of both male gender socialization and childhood abuse, and relatedly, a precursor to violence and aggression (Kashdan, Breen, & Julian, 2010; Koenen & Widom, 2009). Vulnerability and victimization from trauma stand “in stark contrast to the notion of masculinity, damaging men’s sense of power, control, and invulnerability” (Kia-Keating et al., 2005, p. 169). Kia-Keating and colleagues explored the role of masculine identity in men’s health and well-being. They found that men who have experienced vulnerability and victimization have, in significant numbers, responded through adherence to hypermasculine ideals, including violence, aggression, and abuse of others. Negotiating recovery from abusive histories included renegotiating masculine roles of stoicism, toughness, and sexual prowess (2005).

## **Heroes and Hooligans**

Detailed comparison of responses to trauma among men living in aggressive environments is rare, particularly between two environments – military and prison - which are poignantly similar but, on their face, seem to be polar opposites. On the one hand, combat veterans are national heroes: their successes are widely celebrated, their deaths mourned (Currie, Day, & Kelloway, 2011). On the other, criminals are castigated and scorned by society; indeed, criminal offenders may be one of the few remaining groups upon whom group condemnation is still inflicted (Aresti, Eatough, & Brooks-Gordon, 2010; Foucault, 1977; Uggen, Manza & Behrens, 2004). Both military and prison environments have expectations the soldiers and the inmates under their control will display and adhere to cultural norms of emotional constraint, with the exception of anger expression; both environments protect and enforce codes of honour and conduct; both environments stigmatize and disrespect those who display vulnerability (Kupers, 2005; Lorber & Garcia, 2010).

Environmental factors, including malevolent living conditions, are cited by multiple studies as a contributing factor to PTSD, particularly among soldiers in war zones and youth and adults in correctional facilities (Bertram & Dartt, 2009; Erwin, Newman, McMackin, Morrissey, & Kaloupek, 2000; Sigafos, 1994). Erwin and colleagues studied the effect of living in chronically violent communities on youths' risk to witnessing violence and developing PTSD (2009). Bertram and Dartt compared the war zone experiences of deployed soldiers to the inner city battlefields of impoverished urban youth. Environmental stressors are cited as contributing stressors for PTSD in soldiers – a malevolent atmosphere of hostility, danger, and violence. Included stressors were poor nutrition and food supplies, long days of unpredictable outcomes,

poor sleeping conditions, and inadequate support. Bertram and Dartt extrapolated these conditions to urban youth; it is no leap to match them to the conditions experienced by incarcerated offenders. Both soldiers and urban youth display similar key PTSD symptoms: hyper-arousal, maladaptive coping. Both groups express sense of distrust, lack of faith in the goodness of people, and little hope for the future. And yet, PTSD is a primary diagnosis for the soldiers while personality disorders and substance abuse disorders are the primary diagnoses for the youth (Bertram & Dartt, 2009; Reardon, Lang, & Patrick, 2002). PTSD assessments of American youth incarcerated for serious offences – assaults, sexual crimes, murder – found rates of PTSD higher than those recorded for Vietnam veterans (Erwin et al., 2000).

For the combat veteran, in an environment that prizes the ‘stiff upper lip’, trauma is associated with weakness and the shirking of duty (Kilshaw, 2008). The military has adopted, actually contributed to, a culture of hegemonic masculinity where a young recruit ‘becomes a man’ (Green, Emslie, O’Neill, Hunt, & Walker, 2010). To express vulnerability is to fly against the norm. Green and colleagues explored how soldiers negotiated the military’s culture of hyper-masculinity in asking for help for mental health problems. They found a number of participants who felt that asking for help for psychological problems was to admit to “not being a man at all” (p. 1484) and were advised to “snap out of it” (p. 1484). In addition, one of the rituals of bonding within the unit or the military more broadly was to be “one of the boys” which meant to engage in excessive alcohol consumption and be able to uphold a rough warrior persona (Green et al., 2010).

For the offender, boyhood sexual abuse is an attack on identity: “If I am a man, then I was not abused; if I was abused, then I am not a man” (Mendel, 1995, p. 206). The prisons are

full of men raised in homes espousing rigid ideals of masculine roles along with abject developmental conditions (Holmes & Slap, 1998; Martsolf & Draucker, 2008; Weeks & Widom, 1998; Widom & White, 1997). Lisak and Beszterczey in their qualitative study of 43 death row inmates viewed the combined negatives as “violentization” and when multiply-abused boys become violent, it is a way of “turning the tables” (2007, p. 125) on society. The inmates viewed their vulnerability as antithetical to their socialized roles of masculinity (Lisak & Beszterczey, 2007).

Dressler explored the performances and behaviours of men on parole in army and navy assignments during World War II to see if public perception of the offender soldiers as cowardly and dishonourable was merited. He found that, while a higher percentage of parolees than classic soldiers were dishonourably discharged, the number was not substantially higher. He also found that parolees tended to have high morale, volunteer readily for dangerous missions, and be capable of heroism. Men on parole serving during World War II found a place as equals among their army and navy mates and formed a key role in troop unity. He recommended that the military “can do a great deal, constructively, for the former offender” (1946, p. 548).

The management of combat veterans in forensic settings, and the commission of both post deployment crimes and war crimes by soldiers have received attention by researchers (Pinals, 2010; Shaw, Churchill, Noyes, & Loeffelholz, 1987; Sigafos, 1994). Sigafos explored the effect of a prison PTSD program for incarcerated Vietnam veterans in the early 1990s, noting that approximately one in seven federally-incarcerated men in the US at that time was a military veteran and approximately 20 per cent of the incarcerated veterans had PTSD (1994). He also describes the prison environment as similar to the war zone the veterans would have known and

the circumstances in prison similar to a return to ‘survivor mode’. And yet, there is no mention of any effect of the prison environment on the non-veteran inmates, and no PTSD program for them. Pinals’ study looked at the association of a ‘battle mentality’ on the returning veteran’s decision-making to engage in criminal activities (2010). The one exploration of PTSD within the Canadian inmate population by Correctional Service of Canada (Bensimon & Ruddell, 2010) discusses the risks and needs presented by incarcerated military veterans and noted that PTSD may be a contributing factor in the veterans’ criminality.

The two groups themselves have made associations that connect one group, or members of it, to the other. Many cross-group references are wrapped in the contexts of identity: consider the use of the term ‘soldier’ by criminal groups, including gangs, or the ‘prisoner of war’ in military conflict. In line with the idea of ‘heroes’ and ‘hooligans’, street soldier is an honourable name among offenders: trustworthy, brave, ready to take action, willing to stand up to enemies of the group (Marshall & Wheeler, 1996); the prison or hooligan identity is not an honourable one in the military, but rather a name of shame, with the possible exception of the prisoner of war. The prisoner of war carries additional hardships and stress injuries, however, making this also not a identity of pride (Zerach, Greene, Ginzberg, & Solomon, 2014).

### **Posttraumatic Growth**

Posttraumatic (PT) growth is defined as the “subjective experience of positive psychological change reported by an individual as a result of the struggle with trauma” (Dekel & Nuttman-Schwartz, 2009, p. 87). PT growth has been explored by a number of researchers (Fontana and Rosenheck, 1998; Maercker & Herrle, 2003; Tedeschi, Park, & Calhoun, 1998), in a search for the possibility of positive impact from negative experiences (Tedeschi & Calhoun,

1996, p. 455). While Tedeschi and Calhoun (1996) acknowledge that seeing benefits from traumatic experiences may take years to develop, in another publication they use an apparently different perspective: that PT growth is the “antithesis” of PTSD (Tedeschi, Calhoun & Park, 1998, p. 3) and this 1998 work proposes to study people who “bounce back from trauma” (1998, p. 1) and learn from “weaknesses of the old ways” (1998, p. 2). Now there may well be horrifying life events that would respond beautifully to posttraumatic growth programs and initiatives. However, I do not see the multiple experiences of death and destruction in war or the sustained experiences of childhood (in this study boyhood) sexual abuse as examples where the traumatized can ‘bounce back’ and ‘learn from their weaknesses’.

### **Recovery**

There is a case to be made that trauma recovery may include the development of new strengths and the appreciation of life, the beauty of the world, and the ability of the self to manage both challenges and opportunities (Andresen, Oades, & Caputi, 2003). Is it really possible, though, to recover from experiences of the intensity of war (Sivakumaran, 2007) and boyhood sexual abuse with new strengths? As McMillan, Zuravin, and Rideout (1995) argue, childhood sexual abuse must be without peers in terms of the intensity of the trauma. In a very different but also horrifying way, the ever-present expectations of roadside bombs and improvised explosive devices (IEDs) and the sustained witnessing of and contribution to human suffering and death leave many soldiers fundamentally changed (Killgore et al, 2008).

The research reviewed indicates strongly the need for heightened researcher sensitivity and contextual awareness when working with distressed and/or socially excluded populations. For instance, McMillan and colleagues (1995) surveyed over 150 low-income women who had



been sexually abused and, in their review of the literature, discussed as beneficial the favourable reframing of distressing events to have them lose some of their “perceived harshness” (1995, p. 1037). The authors, in my view, really harm the recovery work of traumatized individuals, not only by naming their article ‘Perceived *benefit* [emphasis added] from child sexual abuse’ but also by analyzing, as ‘benefits’ of having been abused, mistrust of men and protection of self and children (McMillan et al., 1995). For me, the literature on recovery, in particular, accentuated the strength of using an interpretative phenomenological lens in this study – to respect the participants’ interpretations and to balance the participant and researcher powers and contributions to the research.

It is important in recovery work to honour the experiences of the traumatized. The mental health care service has been challenged by people with mental health concerns over the past 20 years to stop pathologizing individual behaviours; rather, they claim it is time to start concentrating on individual resilience, and to promote recovery through a change model of care rather than a mythical return to a pre-illness state (Bertram & Dartt, 2009; Davidson et al., 2010). This need for change has been particularly reflected by trauma sufferers who have sought a recovery lens of “rediscovery, reconstruction and utilization of a more functional sense of self” (Davidson et al., p. 200). Thus, theorizing development through trauma is more germane to dynamic mental health journeys; it eschews any sense of a compatible trajectory with a non-traumatized population and also refuses to pathologize such trajectories.

The concept of recovery has been undergoing a paradigm shift since the 1960s – not an end to an illness but, rather, a “unique and personal” process which will not result in a return to a pre-illness state of functioning (Beeble & Salem, 2009, p. 250) and may offer new hope,

satisfaction, and contribution (Anthony, 1993). Beeble and Salem acknowledge the individual response to recovery while also outlining the benefit that many who have experienced mental illness and distress find through awareness of a staged process of recovery. Similar to the reference points for PT growth, the stages of recovery explored by these authors “often involve finding meaning beyond one’s illness and rediscovering one’s sense of self” (2009, p. 250). The stages are non-linear and recognize that human beings negotiate their own pathway of recovery, not alone, not without social supports and often medical and/or health care supports, but unique to the individual nevertheless.

### **Resilience**

Resilience is a term with multiple definitions and connotations. It refers to such disparate contexts as the engineering structure of a building and the mental and emotional responses of children to stressful events (Buzzanell, 2010). There are many ways the word was used in the literature on resilience in trauma victims, and the meanings did not invite inclusion of others; by this I mean that resilience as a character trait could not be resilience as a journey of responses and renegotiations.

Much of the literature defines resilience as a character trait, something that mentally and morally strong individuals have in the face of crippling injuries, disasters, and life tragedies (Bonanno, 2004; Brewin, Andrews & Valentine, 2000; Schaubroeck, Riolli, Peng & Spain, 2011). Psychologist George Bonanno positions resilience as a form of “hardiness” (2004, p.25) and the result of positive emotional coping strategies. Beardslee (1989) defines resilience as “unusually good adaptation in the face of severe stress” (p. 267). In Tusaie and Dyer’s historical overview of resilience as a construct, the difficulties in approaches are evident, from their

definition at the beginning of the article: “a combination of abilities and characteristics that interact dynamically to allow an individual to bounce back, cope successfully, and function above the norm in spite of significant stress or adversity” (2004, p.3), to the need for a holistic perspective to assessing resilience and adopting resilience models.

The character trait definition appears to be an alteration of concept, beginning somewhere around 1980. Prior to that, this sense of ‘hardiness’ and ‘unusually good adaption in the face of severe stress’ was named stress-resistance and ‘invulnerability’ – terms that, in my view, more adequately respect the strength of individuals who have withstood the storms that are created by traumatic events, while still leaving hope for those individuals who have buckled under the weights of neglect, assaults, molestations, combat sieges or other horrors that cripple the sufferer.

The term resilience began to find favour in the 1980s as the definition of health, success, victory against the odds (Masten & Coatsworth, 1998; Masten & Garmezy, 1985; Rutter, 1985). In a 1985 lecture, child psychiatrist Michael Rutter referenced the shifts in attention in mental health care, from a concentration in the mid-1900s on the negative effect of harms done to attention by the 1970s on ways to measure and learn from those who responded positively to negative events (Rutter, 1985). A number of studies indicate the individual characteristic or genetic trait definition was applied in the ‘first wave’ of resilience studies (Richardson, 2002) in response to this emerging interest in protective factors following hardships (Chandy, Blum & Resnick, 1997; Masten & Garmezy, 1985; Tusaie & Dyer, 2004).

In this study, I define as stress-resistant rather than resilient those individuals who, because of their response or the traumatic situation or a multitude of other conditions -

supportive environment, social conditions, single-event trauma - avoided PTSD following trauma. Taken from the field of engineering, from whence the term was imported by the social sciences, resilience is akin to the idea of the rubber band, while stress resistance is more like a metal such as iron (Layne, Warren, Watson, & Shalev, 2007). A number of resilience researchers have explored the hardiness or the invincibility of individuals who have avoided PTSD even amidst lives that included severe neglect in childhood, poverty, chronic illnesses, boyhood sexual abuse or combat zones (Beardslee, 1989; Bonanno, 2004; Chandy, Blum & Resnick, 1997; Hoge, Austin & Pollack, 2007; Richardson, 2002.) These researchers have themselves struggled to make such a time-restricted and individual-trait-specific definition work in their studies. For example, Hoge and colleagues called resilience the opposite of a risk factor in one part of the article and later pointed out that “it is not clear whether a resiliency scale can truly measure improvement in PTSD or other disorders, because the term “resilience” defines individuals who were protected from developing the disorder in the first place” (2007, p. 147). It is argued that resilience, as a broad term, compounds the confusion when applied to both the individual character trait lens and the more fluid process through maladaptive and adaptive responses towards strength and coping; a term such as stress resistance or immunity used as the restrictive, stress-avoidant reference would provide clarity to this debate.

The attention in this study is on the pathways and the processes and the mechanisms that individuals negotiate in moving through context-dependent maladaptivity after trauma and towards adaptive and self-actualizing choices and conditions. Returning to Wertz’s phenomenological study of the young woman with throat cancer and the role of resilience in her pathway of recovery, Wertz defined resilience as a ‘living through death’ where death was the

trauma that ended a fundamental part of who she was prior to the cancer (Wertz, 2011, p. 128). For her, resilience became a process where she was able to leave behind the life she had known before the cancer and learn how to live with a different and new life (Wertz, 2011). This analogy challenges most directly the earlier definitions of resilience as an individual characteristic, a ‘bouncing back’, for while it is possible for some to resist death, it is not possible to ‘bounce back’ or be resilient to death.

### **Sense of Belonging**

The research on trauma recovery, mental illness recovery, resilience, and mental wellness cite social supports as a significant protective and mediating factor in recovery from traumatic events or mental illness (Adler, Britt, Castro, McGurk, & Bliese 2011; Barrett & Mizes, 1988; Kaniasty & Norris, 2008; Rutter, 1985). Amy Adler and colleagues surveyed more than 1,500 post-deployment American soldiers to find connections between combat experiences, both positive and negative, and the transition to home. Their findings suggested a need for the military to consider anger and alienation responses in post-deployment soldiers and to respond in ways that would address these issues in addition to other standard PTSD symptoms (Adler et al., 2011). In their study of the role of social supports for returning Vietnam veterans, Barrett and Mizes defined social supports as “information received by another individual under stress that leads him or her to believe that he or she is loved and cared for, esteemed and valued, and has a network of friends that can be counted on in stressful times” (1988, p. 102). They found two results of interest for my study: that those with higher social support levels reported fewer PTSD symptoms, but also that those with PTSD had fewer social supports (1988). Similarly, Kaniasty

and Norris (2008) found that having PTSD resulted in reduced social support levels among those affected by a natural disaster.

Shay clarifies the social support most important for post-deployment soldiers is the one that will create a sense of belonging: “What a returning soldier needs most when leaving war is not a mental health professional but a living community to whom his experience matters” (1994, p. 198). Releasing a soldier to the community without unit support is contraindicated for reintegration, argues Shay (1994). However, this is a standard practice in release from prison for the offender who has had no chance while incarcerated to deal with past – or even recent – abuses (Kubiak, 2004; Kubiak & Rose, 2007). When the offender is released, not only is he usually released alone, but frequently with conditions to not associate with other offenders (Maruna, 2001; Uggen, Manza, and Behrens, 2004; Werth, 2012). To the extent that PTSD is ameliorated by social supports, the lack of such supports may well exacerbate these symptoms and experiences in prison veterans and lead to recidivism.

A number of researchers point to a sense of belonging as a singular contributor to longterm improvements for many sufferers of mental illness and victims of trauma, the difference that allowed them to resist PTSD or chronic mental illness or allowed them to develop resilience and ongoing recovery and healthy progression (Choenarom, Williams, & Hagerty, 2005; Hagerty, Lynch-Sauer, Patusky, Bouwsema, & Collier, 1992; Shay, 1994). Sense of belonging is defined as participation in a group or a community such that one feels they are an integral part of that group or community, a belief that one ‘fits in’ (Choenarom et al., 2005; Hagerty et al., 1992). Belonging is different than social support, in that the latter does not require agency; a person may *receive* social support without *providing* social support. Belonging

means both personal involvement and reciprocity in relationships in the community; one who *belongs* to a group makes a contribution to that group (Hagerty et al., 1992). Bailey and Davidsen, in their exploration of the therapeutic benefits of participation in a homeless men's choir, found that participants valued being able to contribute to the musical enjoyment of others (2003). For those who had been ostracized by society, the commitment was based on personal benefit and social contribution – a chance to become again a citizen (Bailey & Davidsen, 2003).

Clegg (2008) explored the phenomenon of not belonging and found it is related to loneliness and ostracism, but can also be exclusive of either of these, and more aligned with the Marxian sense of alienation. Clegg argues the dichotomy of technology is that it brings the world virtually to one's doorstep while at the same time removes individuals from the necessity of community as social centre. He compares this to Marx's writings on the alienation of the individual from society through capitalist enterprise and consumerism, in that the more one is connected with production to meet the interests of others the less one is employed in pursuits of creativity and community. In *Economic and Philosophical Manuscripts*, Marx stated the worker is alienated through the diminishing of self from work pursuits which preclude creativity in the face of labour production, and through the removal of self from community by the endless pursuit of capitalist quests and the requirement of work production to feed and house oneself and family (Marx, 1844 / 2007).

Consequently, striving to belong is one's response to alienation, a desire to be part of something. Alfred Adler described social contact or 'social feeling' as inherent to individual mental health. He viewed the ultimate goal of human development as belonging and community, *Gemeinschaftsgefühl*: "A human being does not exist for himself alone. He is not apart from

others” (Adler, 1988, p. 407). In his theory of human motivation, Abraham Maslow rated “belongingness” (1943, p. 380) or “a place in his group” (p. 381) directly after physiological and safety needs in his “hierarchy of relative prepotency” (1943, p. 375).

Definitions of belonging are instructive in an exploration of the concept in PTSD recovery. In Clegg’s study of college students who experienced not belonging, the term was defined in two distinct ways: (1) externally visible, as something sought by young people, demonstration of social status, and less important following high school or undergraduate university; and (2) internally sensed, a group that is a good fit, as with peers who also consider themselves outsiders in social groups (Clegg, 2008).

Combat veterans suffering from PTSD have felt isolated from civilian populations and society and comfortable only with other veterans (Brewin, Garnett, & Andrews, 2011). This sense of alienation from a civilian world extended, for many, to loved ones, including their children; they felt emotional numbing, disenchanted with the world, powerless (Brewin, Garnett, & Andrews, 2011; Shay, 1994).

Concurrently, trauma sufferers may lose faith in social order and goodness in the world. They may also believe their trauma has redefined them in new and negative ways: as “damaged goods” (Shay, 1994, p. 193). They, thus, believe that to respect, love, and befriend such a person as they is to risk being stigmatized as well. This sense of their place in society and of a societal perception of them as someone with PTSD contributes to the definition of trauma as a form of death (Gould, Greenberg, & Hetherton, 2007; Perese, 2007).

**Peer support.** In a different vein, structured peer support groups such as Alcoholics Anonymous have become places of belonging for many who have felt isolated and apart from



mainstream society. Particularly for persons with substance use problems – and both the combat veteran and the offender participants may fit in this group – AA has become both the physical space, by its meetings, and the psychological support, through sponsorship and member encouragement, where alcoholics are accepted and supported to share their experiences with peers who have similar narratives (Borkman, 2006; Turnbull, 1997). Kilshaw (2004) found that Gulf War veterans gathered and gave support to one another in groups where their narratives around Gulf War Syndrome were recognized and sustained. Peer support is considered a healthy way for isolated groups to have a chance to work through the often toxic narratives that describe their experiences, narratives unappealing to partners, children, and others close to the soldier or offender (Higginson & Mansell, 2010; Hornby, 2012; Munn, 2009).

### **Literature Review Summary**

What knowledge can be gained from exploring life experiences of military veterans together with criminal offenders? I believe there is a richer understanding of the layers and variations and negotiations through hegemonic masculine environments and trauma required by these two groups when they are explored in concert, and these learnings can benefit health care providers, the institutions connected to them, and the public. Men from each group consider physical strength and emotional stoicism as assets (Goff et al., 2007; Kilshaw, 2008; Sivakumaran, 2007). Both groups reside in violent worlds where their health needs are secondary to the function of the organization (Kilshaw, 2008; Kirby & Keon, 2006). Both return to a community that does not want to know of the terrible events underlying their traumas (Kilshaw, 2008; Uggen et al., 2004). In both groups, the men are, tacitly if not explicitly, expected to put negative and ugly events and circumstances behind them, to bury their horrors in

the past, and to move forward with their lives in full adherence of the expectations of society. In both groups, these expectations are difficult, inhuman, unrealistic, and insurmountable.

For a significant number of men in each group, traumatic events have shaped their world views. The traumas have led to PTSD symptoms, including hyperactivity, anxiety and personality-level disorders, and excessive use of drugs and alcohol (Briere & Spinazzola, 2005). More broadly, a view of the world as dangerous and hostile emerges as a dominant impression (Foa, Tolin, Ehlers, Clark & Orsillo, 1999; Janoff-Bulman & Morgan, 1994; Shay, 2014; Wertz, 2011). The traumas have brought about a ruin of character (Shay, 1994) and “the bitterness of being forsaken by man and God” (Herman, 1992, p. 382). In addition to their individual responses to traumatic events are the responses within the culture, structure, and dominant discourses of the institutions with which they are connected. Impacted by rules of behaviour developed extraneous to their individual contexts, men in these groups have struggled with the broader effects of traumas (Herman, 1992; Johnson et al., 2006; Jones, Fear & Wessely, 2007; Lyotard, 1984; Saris, 1995). The recovery pathways explore the the men’s concepts of resilience and the place of belonging and connectedness to others.

My review of the literature has shown a paucity of attention to the individual, or to the lengthy process from trauma toward recovery, or to an exploration of individuals’ understanding of resilience and belonging and whether these aided in their recovery. There is little in the literature on men’s experiences with recovery from trauma, or the meanings for them of trauma recovery. There is virtually no literature that explores similarities and differences in the reintegration to the community and connectedness or sense of belonging in criminal offenders and combat veterans. There is limited documented understanding of veterans’ personal

reflections on combat trauma recovery. There have been a number of practitioners and researchers working in the area of boyhood sexual abuse recovery, notably Gartner (2005), Lew (1988), and Hunter (1990), but none reference offenders and their experiences.

This project explores the participants' experiences and understandings and interpretations of recovery and belonging and resilience. Their experiences are individual and unique to their life journeys. And yet, they also offer striking similarities in defining the processes and the back-and-forth nonlinear pathways of recovery from traumas, whether the participant is an ex-offender describing his experiences since boyhood sexual abuse or a military serviceman describing his career with the Canadian Forces.

### **CHAPTER 3 – THEORETICAL UNDERPINNINGS**

Whoever sets out on the way [Weg] of thought knows least of all about that determining issue which – from back beyond him, as it were – draws him on (Heidegger, from an address to the University of Freiburg in 1976, as cited in Marx, 1978, p. 12).

In this chapter, I outline the ontological and epistemological bases for the research questions and the particular techniques I have chosen to answer them. Ontology is defined as “being and existence,” the nature of reality (Gittler, 1951, p. 358), a way of understanding the world, and conditions of existence (Heidegger, 1927 / 1962; Hickerson, 2009). The first part of this chapter explores ontologies that frame my research questions and that highlight ways of understanding the world, whether through an individual, an institutional or community, or a cultural perspective. The second part of the chapter discusses epistemologies, the theory and nature of knowledge and the production of knowledge, reviewing literature on “how we know things” (Drew, 2008, p. 158) and the theoretical framework for this project.

#### **Ontological Exploration**

I felt quite early on in the planning of this thesis that the data would be guided by the participants’ sense of their worlds, navigating through and beyond traumas. This was, in effect, their ‘story’ and while I had a role as researcher / interpreter – hence the double hermeneutics – their interpretation of their life events would guide my interpretations. This approach supports the questions I ask in this research project: the experiences of men who have lived through traumas, who have chosen or have been forced to live in violent environments, who have navigated through personal, social, and cultural ideals of masculine behaviour, and have explored the meaning of recovery from PTSD for their lives. I wanted to understand the meanings made

by the participants of these phenomena so a phenomenological approach was warranted. In addition, I viewed the participants as experts in their assessments of their worlds and their experiences and the meanings of these worlds and experiences on sense of self, on relationships with others, on their place in the world. This pointed me to a hermeneutical phenomenology and the interpretive philosophers Martin Heidegger and Jürgen Habermas.

## **Phenomenology**

Explorations of meaning making from the perspective of the individual's 'lifeworld', or *lebenswelt* is phenomenology, conscious activity featured by intentionality or the connection between consciousness and the object of attention: "all consciousness is consciousness of something" (Ashworth, 2008, p.6). Edmund Husserl (1859-1938) founded phenomenology as a philosophy to provide meaning for the fundamental concepts of the scientific disciplines, including psychology (Ashworth, 2008). Husserl called for a commitment to intentionality as the key feature of conscious activity, a "return to the things themselves" (Ashworth, 2008, p. 11; Wertz et al, 2011). Husserl considered phenomenology to be the science of the things, the experiences or objects themselves, as we may describe them without judgment, without opinion, pre-prejudice, "the primary reality" (Ashworth, 2008, p. 11), the phenomenon.

Husserlian phenomenologists Frederick Wertz and Amedeo Giorgi stress the intentionality of consciousness and the two-fold *epoché* or abstention of pre-reflection as essential elements (Giorgi, 2005; Wertz et al., 2011) of phenomenology. In order to 'capture' the contribution of consciousness, Husserlian phenomenologists believe it must be accessed in the purest form possible, by the suspension of prior knowledge, experience, and thought about the phenomenon – a bracketing, the phenomenological reduction (Giorgi, 2011). Wertz references

Husserl's designation of the Greek word *epoché*, meaning abstention, as that which distinguishes phenomenology from other research methods. The first form of this reduction is the *epoché* of the natural sciences, where one brackets prior knowledge of the subject matter; the second is the *epoché* of the natural attitude, where one abstains from judgment or reflection on the behaviour or activities of the participant who relates the experience (Wertz et al., 2011, p. 125).

### **Heidegger and Hermeneutics**

A student of Husserl, Martin Heidegger split from his former mentor over Husserl's phenomenology as experience descriptor and Heidegger's phenomenology as philosophy of hermeneutics, as interpretation (Ashworth, 2008, p. 19). The rejection of the concept of the *epoché* is a fundamental distinction of Heideggerian from Husserlian phenomenology. Caputo (1978) argues that Heidegger simply ignores the issue of the phenomenological reduction, the transcendental being or ego. For Heidegger, the reduction is impossible because *Dasein* – being-in-the-world – comes in advance of 'consciousness' and requires interpretation in order for revelation of the phenomenon to occur (Caputo, 1978). The heart of Heidegger's argument is that all humans relate subjectively to their world and that all experience is known from the 'person-in-context' (Larkin, Watts, & Clifton, 2006, p. 106). Hickerson notes that Heidegger strove to 'radicalize' phenomenology by returning it to its foundation, its roots, not as a scientific or methodological exploration but as ontology of being: Heidegger criticized the phenomenological reduction as an abandonment of the "very essence of phenomenology" (2009, p. 589).

Yet, there are divergent opinions on the degree of separation between Husserlian and Heideggerian approaches to phenomenology. Husserl's *Logical Investigations* was a strong

influence on Heidegger's work (Taminiaux, 1978), and, as Hickerson (2009) argues, there is little to distinguish Husserl's work on consciousness and intentionality from Heidegger's *Dasein* and transcendence. Giorgi, a transcendental phenomenologist, agrees that Heidegger presents an ontological conception of hermeneutic phenomenology, but argues that it is not methodological (2010). Neither Schwandt (1994) nor Rabinow and Sullivan (1987) would agree with Giorgi on the lack of methodology or praxis in a Heideggerian phenomenology. They considered "the interpretive turn" (Schwandt, 1994, p. 119; Rabinow & Sullivan, 1987, p. 21) to be an essential component of inquiry in the social world: "for an interpretive position which seeks to defend critical inquiry and debate without reifying what can legitimately be called reason's claims...." (Rabinow & Sullivan, 1987, p. 22).

### **Habermasian Hermeneutics**

Critical theorist Jürgen Habermas places interpretation into a social and critically analytic realm in discussing the importance of shedding light on the interpretation of the author – the participant – in communication with the social world (1983/1990). He defined hermeneutics as "any meaningful expression – be it an utterance, verbal or nonverbal, or an artifact of any kind... [that] can be identified from a double perspective, both as an observable event and as an understandable objectification of meaning" (1983/1990, p. 23). Habermas further explained that in order for one person to understand another's utterance, the first must be able to explain it verbally and, thus, engage in communication: "*one says something to someone else in a way that allows him to understand what is being said*" [emphasis in original] (1983/1990, p. 24). To accomplish this in interpretive research, the researcher also becomes participant, thus

relinquishing “the superiority that observers have by virtue of their privileged position” (1983/1990, p. 26).

Interpretation commands a sympathy or co-acceptance of the lifeworlds and cultures between researcher and participant, according to Habermas (1983/1990). Yet, in many cases and indeed in my case, this is not possible. Although I have worked with prisoners and ex-offenders, am mother to two sons and sister to three brothers, and have lived in a world where patriarchal constructs are often dominant, I am not male; I have spent time neither in prison nor in the military. For interpretive work I am at some disadvantage. Habermas recognizes this dilemma: that in addition to relinquishing the positivist’s position of superiority in the research relationship, the researcher must negotiate the context-dependency of the interpretation. It also depends on an acceptance between the author (participant) and the interpreter (researcher) of the validity of the meaning, and *this* requires participation in the communication process, not merely observation (1983/1990). This ontology respects the co-creation of knowledge and the political and social impact of participant voices against dominant discourses of offender risk, soldier duties, and toxic masculinities (Drake & Henley, 2014; Herda, 1999; Kilshaw, 2008; Kupers, 2005; Shay, 1994).

Finally, hermeneutics from a Habermasian perspective also confronts another core ‘truth’ of research: objectivity. The author’s and the interpreter’s value judgments define both sides of communication and reference the lifeworld interpretations of each. The role of the interpreter is explored in the meanings made of the author’s narrative, including reasons stated and unstated for communication and action. The interpreter accepts a *rationality* of interpretation, “appealing to standards of rationality” (1983/1990, p, 31): that there is a common



sense or publicly acknowledged acceptance of a line of reasoning from concept with its preconceived thoughts and attitudes to action (1983/1990).

Further, one must remain aware that “science is power, for all research findings have political implications. There is no value-free science” (Denzin & Lincoln, 2011, p.5). In addition, Habermas argued that the interpretive researcher also remain aware of the connection to a scientific realm. The difference, said Habermas, between the results of empiricist studies and philosophical questions is a “matter of degree only” and that

everything whose validity is at all disputable rests on shaky foundations. It matters little if the ground underfoot shakes a bit less for those who debate problems of physics than for those who debate problems of morals and aesthetics (1983/1990, p. 14).

### **Epistemology**

Foucault’s power and knowledge discourses position the research questions of this study within rituals and struggles of power and the rediscovery of knowledge against that which had been suppressed (Dreyfus & Rabinow, 1983; Foucault, 1977; Richardson & Fowers, 1997). The participants’ agency in posttrauma recovery is emancipating and demonstrated by their insights into their ways of being and existence and place in the social world. Their experiences also define the aftermath and legacies of harms committed: “People know what they do; they frequently know why they do what they do; but what they don’t know is what what they do does” (Foucault to Dreyfus & Rabinow, 1983, p. 187).

This communication from Foucault is, for me, a pathway to establishing the rationale for the choice of interpretative phenomenological analysis (IPA): Moving from those in positions of

domination and exploring consequences of actions suggests that those best positioned to respond are those who suffered trauma and posttrauma injuries and are navigating recovery journeys.

The participants of this study have reflected on the meanings of their traumas and their posttraumatic symptoms in their lives and futures, and they have made sense of their interpretations. This is their hermeneutics – they are not describing their experiences as a story, told objectively; rather, they are setting forth their challenges and actions and decisions from a position of introspection. As Mills (2001) states: “Dialogues are not just with other people but also... with oneself, in making sense of one’s experience” (p. 299).

## **Language**

Language and speech are the tools of the phenomenologist: the “bridge to Being and to experience outside the individual” (Warnick 1979, p. 3). For Heidegger, art forms such as poetry and painting were part of “the House of Being” (Heidegger, 1927/1962, p. 56) and a “major epistemological force in man’s creation of his personal world” (Warnick, 1979a, p. 3). Warnick, in a 1979 address on Heidegger, interpretation, and language stated that, in addition to language and artistic communications, other forms of *logos* were ‘listening to’ or hearing, and ‘keeping silent’ (1979a, p. 8).

For Heidegger, language was essential to interpretation, the place where *logos* “let something be seen” (Heidegger, 1927/1962 p. 219), allowed *aletheia*, the Being uncovering, (Warnick, 1979a). Kockelmans (1972) viewed Heidegger’s concept of language as different from and broader than those of structuralists such as Saussure who considered language as something passive, essential to communication but also a form the speaker cannot change. Radical structuralists, such as Lévi-Strauss (Warnick, 1979b) believe that language precedes and

is independent of thought. The focus is on the system and its significance to the event under study rather than to the individual or the historical context (Warnick, 1979b).

What has grown clearer to me is that this research involves language and, importantly, the language of the participants. Yet, it involves my language as well. Ashworth's (2008) account of Heidegger points to language as fundamental to Being and presence (Heidegger, 1972), in that presencing or Being-is is an interpretation defined by language.

### **Critical Research**

Critical theory arose from the Frankfurt school – the seat of critical discussion and debate in 1920s and 1930s Germany, a decade before the rise of the Nazi Party and the era between the two World Wars. It was a time of political, economic, and social chaos (Kincheloe & McLaren, 1994). The founding group – Max Horkheimer, Theodor Adorno, and Herbert Marcuse – collectively debated Marx, Kant, Hegel, and Weber and developed an interdisciplinary tradition of Marxist social analysis, leading to a neo-Marxist perspective through involvement of psychology, psychoanalysis, and sociology (Habermas, 1992, 97-99; Kincheloe & McLaren, 1994). Both the Frankfurt Critical School and the philosophers on whom the school concentrated influenced profoundly the thinking and the writings of Heidegger and Habermas (Habermas, 1992; Harries, 1978).

Habermas has been considered the heir of the Frankfurt school (Habermas, 1992). Yet, he largely rejected the neo-Marxist perspective of the school and its focus on socialist economics, while recognizing that he was not part of the historical and social era which generated the school and the teachings of its founders. For Habermas, the critical theory of the Frankfurt School was deficient in its concept, based on its rejection of democratic processes and

its concept of truth within science (Habermas, 1992). He felt that a theory of communication and its hermeneutic tradition within linguistic analysis would bring critical theory into emancipatory social reform (Habermas, 1992; Kincheloe & McLaren, 1994).

Habermas explored a fundamental human need for emancipation in his work and, indeed, noted that he could not “imagine any seriously critical social theory without an internal link to something like an emancipatory interest” (Habermas, 1992, p. 193). In keeping with this view, Richardson and Fowers (1997) express that hermeneutics as a social, critical approach shows human beings inherently wanting their lives to mean something, to make sense. Thus, they take on roles and values in order to take some position for their lives. The hermeneutic stance also places the notion of ‘freedom’ in an interpretive context, in that humans seek freedom ‘to’ or ‘for’ as well as freedom ‘from’ something (Richardson & Fowers, 1997, p. 283).

Kincheloe and McLaren (1994) point to critical research as, by definition, inquiry that empowers individuals. From his theory of communicative action, Habermas takes the position that people cannot agree on a definition of ‘the good life’ - this would require all people to have equal social value and equal authority to speak and to act (Hinkle, 1992) - but people do make decisions based on situational realities and their value systems (Habermas 1983/1990).

American sociologist Herbert Blumer puts forward a lens through which much of my own incentive for this research is based:

A social problem does not exist for a society unless it is recognized by that society to exist. In not being aware of a social problem, a society does not perceive it, address it, discuss it, or do anything about it. The problem is just not there . . . . The pages of history

are replete with instances of dire social conditions unnoticed and unattended in the societies in which they occurred (Blumer, 1971, pp. 302-303).

## **Binaries**

The research of trauma carries with it many dichotomies, the binaries that can be established by the word *versus*: fit-unfit, offender-victim, powerful-vulnerable, masculine-feminine, right-wrong, good-evil (Cecil, McCaughan, & Parahoo, 2010; Drake & Henley, 2014; Janoff-Bulman & Morgan, 1994). I also recognize that in the positivist paradigm, researcher and participant is seen as a dichotomy. Among the standpoints of this research is a desire to confront the binary, to pick away at the dehumanizing political and power-exacerbating controls shaped by polarizing narratives (Drake & Henley, 2014). In my interrogation of these, I explore: (1) an unlayering of the researcher-participant voice: hence my interest in existential hermeneutical phenomenology; (2) a challenge of the political reliance on offenders as *not* victims and soldiers as *not* psychologically broken; (3) a search for heroic and hooligan-like characteristics as part of the human condition. I want to challenge the ‘othering’ that bell hooks discusses in this piece:

This “we” is that “us” in the margins, that “we” who inhabit marginal space that is not a site of domination but a place of resistance. Enter that space. Often this speech about the “other” annihilates, erases: “no need to hear your voice when I can talk about you better than you can speak about yourself. No need to hear your voice. Only tell me about your pain. I want to know your story. And then I will tell it back to you in a new way. Tell it back to you in such a way that it has become mine, my own. Rewriting you, I write

myself anew. I am still author, authority. I am still the colonizer, the speak subject, and you are now at the center of my talk.” Stop. (hooks, 1990, pp. 151-152).

**Vulnerable masculinities: An assault on the hegemony?** From the binary perspective, I also challenge and critique a concept of masculinity that positions men as oppressors and emotionally stoic, with hyper-masculinized men as the ideal and ill men as weak, unfit, and guilty of succumbing to difficulties (Green et al., 2010; Kilshaw, 2008). In these discourses, the masculine ideal – and one championed by both military and prison cultures – focuses on physical strength, control of others, and rigid acceptance of the rules of the dominant collective (Clark, 2010). The physical body of men in each group is what Clark calls “the basic zone of sovereignty” (2010, p. 66): size and strength are prized over leanness and agility (Clark, 2010; Kilshaw, 2008). Masculinities are also positioned by both institutions and connected organizations as part of the identities of the individuals within the collective. Military training promotes order, conformity, obedience to the unit / leaders / mission, importance of appearance and dress, and rules for displaying aggression (Barrett, 1996). The same rules are held for criminal leaders and gangs both inside and outside the prison environment (Clark, 2010; Kubrin, 2005). The institution of the military becomes, like the prison, a place of stripped civilian – or street – identity demanding adherence to the rules and order of the institution. One Navy officer looked at his place in the military this way: “You’re stripped of your identity. You either make it or you don’t survive.... What we learned to say was, you can strip everything away, but you can’t touch my pride (Barrett, 1996, p. 133).

The above response in the face of external control and power also marks the masculine ideal in these two institutions – that these men may seem to conform to the institutions which

hold them but they hold the ultimate power in their psyches and their sense of self. It is here, in sense of self, that a challenge to the binary of strong versus weak in discourses on masculinity begins: oppression is “the *absence of choices*” [emphasis in original] (hooks, 2000, p. 5). And maintenance of the culture of hegemonic masculinity within dominant institutions expects complete acquiescence to that culture. Thus, my purpose is not merely to challenge the dichotomy but to argue for a research that positions empowerment and emancipation for men from dominant, aggressive, violent environments.

### **Methodology**

The basis for qualitative research in psychology emerges from the following concepts: consciousness, experience (existential phenomenology), and idiography, or the individual as self (Ashworth, 2008). The core of IPA is a phenomenological attention to the experiences of the participants, their sense of their experiences, their responses to them, their interpretation of them. The philosophical basis of the hermeneutical phenomenology of Heidegger positions the *being-in-the-world* and the *person-in-context*, such that all interaction and conversation is subjective and therefore interpretative (Larkin, Eatough & Osborn, 2011; Smith, 1996). IPA shares theoretical sympathies with cognitive psychology, in focus on cognition and in rejection of behaviourism (Smith, 1996), and post-constructionism or postmodernism, in addressing both constructed meaning of events and subjective experience (Larkin & Griffiths, 2002).

IPA emerged out of debates in psychology between “the methodological commitment to quantification” (Smith, 1996, p. 262) by social cognitive psychologists and the qualitative explorations of health and illness by medical sociologists (Brocki & Wearden, 2006; Smith, 1996; Smith, 2004). The approach has been used by other disciplines, exploring topics in

forensic nursing (Gillespie & Flowers, 2009), medicine (Davidsen, 2009; Hadfield, Brown, Pembroke & Hayward, 2009), nutrition (Dibsdall, Lambert, & Frewer, 2002), and music therapy (Bailey & Davidson, 2003). Yet, its strongest and most consistent application has been in health psychology, where it is seen as offering a dynamic contribution to the field of applied health in its exploration of perceptions, responses, and relationship of individuals to illness (Higginson & Mansell, 2008), particularly in individuals' experiences of the rather slow-moving processes of illness and recovery (Brocki & Wearden, 2006).

In these disciplines, argue the researchers who use IPA, the combination of sense-making and giving voice to 'persons-in-context' is particularly valuable. Michael Larkin and colleagues note that applied disciplines, such as applied health, make particular use of the phenomenological-hermeneutic combination as issues are explored through subjective experiences. However, they also argue that in disavowing the Cartesian subject-object distinction, qualitative methodologies regardless of the lens – phenomenological, ethnographic, discourse analysis – do frame a meaning of the world composed of “already meaningful objects” or events (2006, p. 110). For example, if the issue of love is explored, it is not ‘love’ *per se* but rather participants' experiences of love that researchers find instructive. This means that, for IPA researchers, the subjective voice is essential; it does not, however, also mean that it is a voice understood by only that one person, or by the combined participant-researcher duo. Rather, as Merleau-Ponty (1962) expresses, our experiences have a structure that extends across time and space to be communicated and understood to others (Larkin et al., 2006, p. 109).



### **Final Thoughts: From Bricoleur to Bricolage**

The qualitative researcher is, according to Lévi-Strauss, a *bricoleur*, a “Jack of all trades or a kind of professional do-it-yourself person” (1966, p. 17). She is versed in numerous paradigms and selects those that align with her life perspective. She conducts interviews, analyzes data, and constructs knowledges from the lifeworlds of other people. The result is a *bricolage*, “a complex, dense, reflexive, collage-like creation that represents the researcher’s images, understandings, and interpretations of the world or phenomenon under analysis” (Denzin & Lincoln, 1994, p. 3).

The creative elements of qualitative inquiry have been linked to many of the arts. It is like a *montage* in which many images are superimposed, one onto another and another, resulting in a unique collective image (Denzin & Lincoln, 2011). It blends many elements, as the musical construct of contrapuntality builds two or more musical themes which play off one another to present a new melody, blended from but distinctive of any of the single melodic elements (Chowdhry, 2007; Symes, 2006). Then, there is the association with quilting traditions, (Barkley Brown, 1989) in which many seeming unmatchable pieces of fabric are woven together to form a unique whole. In this way, the arts combine with other forces, a blending of economics, politics, and society. In this way, the single interview, the single participant becomes part of a larger statement on society: “to be an individual in the context of the community” (Barkley Brown, 1989, p. 925).

Table 1: DSM 5 Criteria in Participants				
Criterion	Parker	Mick	Sumner	Chris
<b>A - Exposure</b>	Direct experience - Combat duties, fire deaths, IED deaths	Direct experience - sexual, physical abuse, demoralizing treatment. Witnessing - seeing other boys sexually abused	First responder - called to multiple plane and vehicle crashes, suicides, dismemberment injuries	Direct experience - sexually abused by school administrator and community men over multiple years
<b>B - Intrusion</b>	Flashbacks, nightmares	Flashbacks, nightmares	Flashbacks, nightmares	Flashbacks, nightmares
<b>C - Avoidance / Numbing</b>	Avoids social situations, more solitary, difficulty looking at people when speaking with them	Refuses to take tests, drug use to bury memories	Avoids close friends, family contacts and social situations when symptoms acute	Avoids social contexts except when drinking, drinking / drugs to cope with flashbacks
<b>D - Negative Cognitions / Mood</b>	Blames self for death of little girl and interpreter	World is not good place, blames self for abuse - should have been stronger	Blames self for inability to maintain Rock of Gibraltar persona	Blames self - should have avoided contacts; blames others - pack out to get him
<b>E - Arousal and Reactivity</b>	Suicidal behaviours - jumped off bridge; suicidal ideations - loaded gun to head	Reckless behaviours - extreme drug abuse; aggressive acts towards other through armed robberies, animal torture	Angry outbursts, concentration and sleep disturbances	Suicide attempts - gun; excessive fighting episodes; concentration difficulties

## CHAPTER 4 – RESEARCH DESIGN

*If I am to interpret authentically what these men are saying to me about how they see the experiences of their lives, the brutal, the heart-breaking, the lonely, and the redemptive, then I must first listen. It is too easy for me to jump to a conclusion about what they are saying before they tell me what it means for them. How can I honour and respect their voices if I don't concentrate on listening to those voices. They are the experts.*

*(Excerpt from Researcher's Journal, September 2014)*

In this project there are two military servicemen. Parker<sup>2</sup> was not yet 30 years old during the time of our conversations in 2013. He served in the mid-2000s in Afghanistan. He may be the only one of the four to have been formally diagnosed with PTSD.<sup>3</sup> This diagnosis was made following the most acute manifestations of symptoms in the months after his return from combat duty in Afghanistan. Sumner was in his early 70s during our conversations in 2014. Trained by Canadian Forces as a physician's assistant and medical officer, he served on Canadian airforce bases, becoming the lead of a military medical team. He has counselled and provided education and therapy programs to hundreds of soldiers with PTSD. He recognizes the symptoms he has dealt with over the past four decades as those of PTSD. Sumner has been hospitalized for these symptoms on two occasions, once in the 1980s and most recently, three years prior to our interviews.

There are two offenders. Mick was in his early 40s during our conversations in 2013. Diagnosed as dyslexic and placed in a classroom with severely challenged children, he was at the age of 14 charged with truancy and underage drinking and sent to a school for boys in an eastern Canadian province. In the boys' school he experienced directly and vicariously numerous sexual assaults, physical assaults, and harsh isolation conditions at the hands of staff. He was on parole during the period of our meetings, from a six-year sentence for robberies. Mick's posttraumatic injury symptoms have manifested in severe acting out behaviours, violent actions, expressions of rage towards those he viewed as threats, inability to sustain romantic relationships, and

---

<sup>2</sup> All of the participant's names, the names of any other people mentioned in their narratives, places and other identifiers have been changed to protect their identities.

<sup>3</sup> As no medical records were either requested or made available, diagnoses of PTSD or any related injuries or disorders are not established.

hyperarousal responses to triggers and nightmares. Chris was in his early 50s during our conversations in 2013. He has not known a time before traumas, having been molested by a school administrator and a number of men in his village in an eastern Canadian province from earliest memory until his teen years. He has served short sentences in provincial jails for thefts, break and enters, and fighting. Chris was supported by a psychologist in laying criminal informations with police against his primary abuser. He does not know if she formally diagnosed him with PTSD but he remembers a severe breakdown at the police station in her company and immediate hospitalization.

In our conversations, each of the four participants reflected on the traumas in his life, and also on life experiences not seen as traumatic but which, nevertheless, were felt to contribute to a sense of self as broken. Each also described his life from the traumatic events to the time of the interviews in a series of spirals rather than a straight line or a circle, moving in directions through difficult episodes and agentic growth periods.

Each person was asked about his journey through and after traumas, about the role of resilience and belonging in that journey. Each was asked to describe recovery. Each was asked to describe the management of self and trauma while living in an environment of aggression and violence. Each was asked to discuss what would have made a difference in supporting his journey and what will make a difference as he continues in his lifeworld.

This chapter will lay out the methods I have used to gather and analyze the data in answering the research questions. In keeping with the double hermeneutics of IPA, the data was collected through research conversations rather than the semi-structured interviews often favoured and referenced in many methods in qualitative research (Herda, 1999; Mills, 2001). I

wanted to learn about the men's thoughts and interpretations of the meanings for them of a number of topics in the ways these have influenced their lives: trauma, violence, stoicism, resilience, belonging, mental health services, and recovery. Along with interviews / conversations, I invited each participant to express his thoughts on his process from trauma to recovery through story, poetry, art, or other form of expression. These creative expressions were part of the data I had anticipated collecting and were included in the ethics approval.

However, before the methods are presented, it is important to advance the ethical process of preparing for and engaging in research involving individuals who have undergone stressful life experiences. In particular, two of the participants had traversed the criminal justice system processes and this is an area of sensitivity for ethics review boards: informed consent is questioned, as well as the offenders' understanding of their authentic right to refuse to participate or withdraw from the project (Ward & Birgden, 2009).

### **Ethical Considerations**

Research involving humans is essential to the knowledge, health care, and empowerment of all people; and yet, this research involves risks for the participants. In qualitative research of people who have suffered traumas, the requirements for the researcher to ensure the participants fully understand issues of informed consent, right to withdraw, and confidentiality must be undertaken with, in my opinion, heightened respect and sensitivity. Further, with the two groups under study, some participants' own concerns about rights of withdrawal and confidentiality may be complicated by the culture of their 'collectivism', by psychological stressors, or by addictions (Newman & Kaloupek, 2004; van den Hoonaard, 2001). At first glance, the notion of culture and collectivism may appear outside the parameters of my research on offenders and combat veterans

but these two groups have their own pictures of culture and community. They also have distinctive relationships to institutions and, thus, their own mistrust in autonomy as a feature of their lives (OCF, 2009; OCI, 2009).

### **Informed Consent**

While formal consent to participate in qualitative research has been argued by some as unnecessary (Morse et al., 2008), it was conversely essential for me to have not only initial but ongoing consent (Brown, 2003). Participants' formal consent to participate is officially satisfied with a signature, but reinforced more authentically by their actions: not to consent at various stages of research means they will simply not show up for interviews or leave in the middle of them. What is essential for consent for my purposes is that it is continuous and knowledgeable, an acknowledgement from them during and after each interview and at the end that they have the right to withdraw, the right to add or delete material, the right at the end of the data collection process to not be included in the research.

It could be argued that some of the participants in this study may have difficulty fully appreciating the concept of informed consent. The freedom required for free and informed consent is negated for individuals who have been externally constrained by imprisonment or hospitalization in a mental health facility, or internally incapacitated by mental disorders (Adshead, 2003). Yet, Adshead counters that someone in the above circumstances can make a freely-chosen and informed decision around treatment or research participation if three criteria are in place: he or she can (a) understand the information, (b) believe the information, and (c) weigh the information and make a decision (2003, p.13). One example is the consideration of the project and agreement to participate by Mick, who was residing in a halfway house on parole

during our interviews. I held no power over him and could have no influence in either supporting or negating community residencies; his agreement to participate was informed and without hesitation.

Clegg (2006) makes an interesting reflection on informed consent in qualitative research in his phenomenological study of individuals' experiences of not belonging. He says that the nature of qualitative research is such that participants know the research problem and the types of questions they will be asked, and they are likely to be familiar with the interview process. Thus, their agreement to participate, by its nature, becomes an informed consent.

Capacity for free, informed, voluntary, and autonomous decision-making is contextual, related to research objectives and to participant experiences, is dynamic and subject to change with time and circumstances (TCPS2, 2014). Consequently, my participants' prison or combat experiences and personal traumas do not, in and of themselves, meet the requirements for either legal or psychological definitions of competence or capacity deficits (Adshead, 2003). My focus is on participants' experiences and negotiations of pathways of recovery; none of the participants was incarcerated at the time of data collection and, so, external incapacity from institutionalization was not a consideration in conducting the interviews<sup>4</sup>.

## **Risks**

I am cognizant that extensive interviews about the circumstances and after-effects of the traumatic events outlined above was stressful and difficult for my participants. I also believe that sharing these events, and their feelings and actions, was also beneficial for them, as well as for

---

<sup>4</sup> One of my participants, Parker, voluntarily returned to the PTSD wing of a Canadian Forces hospital during the period of our conversations. He agreed to continue to participate; three emails, contributing to the data, were sent by him during the six weeks he was in hospital.

others who have experienced personal traumas (Griffin, Resick, Waldrop, & Mechanic, 2003). Still, it was incumbent upon me to maintain awareness that both capacity to participate and willingness to consent may change during research for many reasons. PTSD recovery is not smooth or solely progressive; it does not move on a straight continuum from sickness to health (Beck, 2004; Wilson, 1989). Humans are not always logical and self-actualized; indeed, I don't think they would be much worth the intensity and inspiration of qualitative research if they were (Morse et al., 2008). With this point in mind, it has also been claimed that risks are implicit in most and, arguably, all research involving humans (Morse et al., 2008). The risks of a particular research study must be weighed against the benefits of the research, for the participants in particular and for society in general. Yet, it is also arguable that research without risk is useless and both harmful and disrespectful to the participants in the waste of time and commitment (Morse et al., 2008).

Research with high-risk populations carries with it additional potential for vulnerabilities not present in other populations (Fisher & Goodman, 2009). My research participants may be considered to be in a high-risk population category by virtue of their past traumas and coping mechanisms that may include addiction, violence and/or other criminal acts, and suicidal ideations. Yet, the possibility of risks is not assured: "the interactive effects of participant characteristics and the research context itself may mediate or exacerbate the ways in which participant characteristics would be considered research vulnerabilities" (Fisher & Goodman, 2009, p. 28).

The steps often noted that the researcher should take include training in both interviewing skills and vulnerable issues, such as addiction or domestic abuse; access to counsellors'



telephone numbers; awareness of the effects of emotionally-charged interviews; and knowledge of safety measures both for the participant and for the researcher (Morse et al, 2008; van den Hoonard, 2001). With an extensive background in counselling and working with an offender population with addiction issues, I am qualified in most of these areas. I recognize that I cannot be both researcher and counsellor; contact information for area and web-based counsellors and programs familiar with the contexts of each group were available to the participants during our conversations.

A number of qualitative researchers debate whether qualitative methods, properly conducted, carry more than minimal risk. Morse and colleagues interviewed qualitative researchers about their views of research risks, and some respondents noted that, even in highly emotional areas, the research itself carries no more than minimal risk, under the definition of everyday experiences: "...if the interview topic was about a distressing subject... such distress was contextualized within the topic itself – as well as inherent in the everyday event under study" (2008, p. 201). In other words, the participants will not be discussing any matters that are not part of the experiences and the memories they carry with them in their everyday lives.

### **Inducements**

It may be the case that appropriate inducements to participate is recognized as a common feature of much research, and even encouraged (Polit & Beck, 2008). However, I did not have research funds for compensation or rewards to participants for volunteering. In addition, because of the gendered focus of my research and the gender difference between researcher and participant, I do not believe that inducements in this case were appropriate. Having said that, I did not allow participants to incur expenses to participate and either met the participants at their

homes or a location close to their homes. This was an area that arose during the ethics review of my proposal; because my participants were drawn from the eastern provinces in Canada, it was not possible to determine a single strategy that ensured respect and guaranteed safety for both participants and researcher, as well as honouring the research goals. In the end, I believe we realized both respect and safety for all and the meeting locations worked well.

### **My Place in the Research**

There are personal reasons why I believe this work is important. First, my experience as a parole officer resulted in contact with male offenders many of whom had been sexually abused as children; indeed, the numbers I found of sexual abuse victims was approximately 80 percent of my client group, equal to the numbers of clients who admitted to addiction issues. Second, at the same time I was working in parole, I had ongoing conversations with a friend working at Veterans Affairs Canada who recited the adjustment problems, substance abuse, and PTSD sufferings of returning veterans. There seemed so many similarities of trauma and resocialization difficulties in the two groups that the idea for this research was formed. Third, my own family has experienced the traumas of war. The generation of my parents lived through and fought in World War II. My father was a Royal Canadian Air Force pilot. My mother's twin brothers served in the Canadian Army, one in France and the other in Italy. When my uncle Charles was killed in Italy, family lore has it that his twin, Ernest, felt the blast. Ernest survived the war, but returned to his hometown shell-shocked and alcoholic. He was met one day by the mayor who told him he was a disgrace to his family and to the town; that he should leave and never return. So he did. Ernest died on the streets of Vancouver 30 years after the end of the war.

## **Description of Research Approach**

In this study, IPA forms both the ontological perspective and the method of collecting and analyzing the data. IPA combines the phenomenological “*return to the things themselves*” (Ashworth, 2008, p. 11, emphasis by author) with hermeneutics, the theory of interpretation (Ashworth, 2008; Smith, 1996; Smith & Osborn, 2008). The purpose of IPA, then, is to get as close as possible to the participant’s lived experience while recognizing the role and the importance of the researcher’s views in interpreting and making sense of that world.

## **Sample Population**

I restricted my research to men, while recognizing that neither the military nor prisons are institutions for men alone, and that women have fought the terrors of PTSD from combat traumas and from sexual abuse. A masculinities perspective was important to my exploration of vulnerability in violence, of emotion from trauma, and of reaching out to others – belonging – and reaching inward – resilience – as pathways to recovery.

In addition, although the men presented with symptoms found among those diagnosed with PTSD, the lack of diagnosis in two and possibly three was not a reason to exclude them from this study. Actually, because this project provides a literature basis of limited and insufficient diagnoses of PTSD in offender populations, and because the PTSD markers have only added first-responders in the latest publication, the lack of clinical acknowledgement of PTSD reflects current gaps in diagnosis. As I anticipated, the men from the offender group and one of the two men from the military group may not have a PTSD diagnosis; none have been given a finding of recovery (Brink, Doherty, & Boer, 2001; OCF, 2009; Kirby & Keon, 2006; OCI, 2010). For my purpose, it was important to discover what the participants reflected were

their traumas as well as the consequences of posttrauma injuries for their lives. It was essential the participants interpret the meanings of resilience, belonging, and recovery in their own lives, from their own perspectives.

### **Size**

In keeping with the intensive interviewing and analysis inherent in IPA (Chapman & Smith, 2002; Smith & Osborn, 2008), I interviewed four men, two from the military group, and two from the offender as boyhood sexual abuse survivor group. IPA recognizes the need to conduct in-depth and usually multiple interviews with each participant for the purpose of exploring complex and sensitive lived experiences. The amount of data gathered from multiple interviews with four participants provided extensive and rich information on the issues under exploration. Smith advocates a small number of participants, no more than three in student projects (Smith & Osborn, 2008), and he has argued for studies with a single participant (Smith, 2004); he and other researchers using IPA advocate for the phenomenological experience and the impact of self and subjective experience on the issue under study (Smith, 1996; Smith & Osborn, 2007) with depth of interview rather than number of participants as the primary consideration.

### **Inclusion Criteria**

This study made the following requirements for participation: that all participants were men, nineteen years of age or older, and residents in the community. While all have been in the past constrained by imprisonment or hospitalization in a mental health facility, or internally capacitated by mental disorders (Adshead, 2003), it was essential that they considered themselves free and capable of making their own decisions and choices. They must have endured personal trauma in their lives, once or on multiple occasions; the military group must

have experienced trauma during combat or non-combat service; the offender group must have experienced boyhood sexual abuse. The trauma must be considered by the participants to adhere to the following criteria which constitute the conditions for a diagnosis of posttraumatic stress disorder: Event; Re-living; Avoidance; Arousal; Persistence; Impairment (Boals & Hathaway, 2010; Cox, Resnick, & Kilpatrick, 2014; Friedman, 2013).

### **Method**

As anticipated prior to data collection, multiple conversations or interviews with each participant were essential for a number of reasons: (1) They allowed me to build rapport and trust with each participant through a gradual approach from general discussion of their lives to more direct and possibly more difficult discussion of traumatic experiences, management of self, understanding and honouring resilience, and finding recovery; (2) They permitted extensive discussions to take place without exhausting or emotionally distressing the participants in a way that one long interview might; (3) They permitted reflection on issues under discussion by each participant and myself between interviews; (4) They permitted each participant to self-monitor feelings from the interviews and, if considered helpful, to seek counselling for troubling feelings and thoughts; (5) They permitted the participants to reflect on the issues emerging from the interviews through art forms such as poetry, story, drawing, photography, or other method.

### **Data Collection**

My sampling strategies were a mixture of purposive sampling (Oberle, 2002; Polit & Beck, 2008), in that the participants could speak from their own experiences about the phenomena under investigation, and a form of snowball sampling (Polit & Beck, 2008), by which the participants were found by contacts known mutually by them and me. This was a

particularly challenging project for recruitment of participants because the nature of the study prevented me from simply contacting correctional and military organizations for possible participants or advertising for participants through news or social media. I created a webpage about the research. In three Eastern Canadian provinces I distributed posters about the project with the purpose and my contact information to a number of sites: two universities, a few service organizations, and two halfway houses. In the end, my participants were found through gatekeepers; all had personal or professional relationships with the participants and were trusted by the men I interviewed.

I learned much during this process, and much of my learning was in ways I had not anticipated. I had expected it would be easier to find participants in the military group; the offenders, however, came forward first and in greater numbers. The interest of the participants in the process was also unexpected, again, particularly in the offenders. Because I count a number of ex-offenders as friends and am involved in a support organization for offender community integration, I have discussed this project with a number of men I know who have experienced trouble with the law. I continue to be surprised by the number who volunteer their experiences of childhood sexual abuse and ask about the project. I have friends with a spouse, relatives, and/or friends in the Canadian Forces. They ask about progress and findings from this project. I remain humbled and grateful for the interest and consent I received from two offenders willing to talk of PTSD and recovery following boyhood sexual abuse and two soldiers willing to talk of PTSD and recovery following their lives in the world of the military.

## **The Interviews**

In preparation for the interviews, I had developed a broad set of questions as guides to explore the areas of interest. However, these questions became the basis for what really were research conversations (Herda, 1999). Research conversations should not take place randomly and organically, though. Without a set of preliminary questions framed, an idea of possible directions that the answers could take, and some deep and careful consideration of the person being interviewed, frustration on both sides and an unsatisfactory conclusion seems almost guaranteed (Smith & Osborn, 2008). In addition, pre-interview contemplation was necessary, and considered: (1) a broad overview of the issue, (2) a sequencing of topics, with the most sensitive areas left to a later portion, (3) questions to cover each topic area, and (4) probes and prompts for a range of possible answers (Smith & Osborn, 2008).

Prior to the first recorded interview with each participant, I had a preliminary meeting, the purpose of which was to make contact, talk about the project, discuss his willingness to participate, and go over possible emotional reactions about the conversations we would be having. I shared / read over the Information Letter (Appendix A) and the Consent to Participate Form (Appendix B) with each participant and answered any questions, including the number of interviews anticipated and the length of each interview. I advised each participant I expected there might be as many as three interviews (in one case, there were actually five and each was agreed to by that participant) and that each interview might last between one and two hours (the interviews all lasted between one and two hours, with one exception and that was largely taken up in reviewing photos of Parker's combat zone experiences). The planning for the conversation or interview was essential to the success of the meetings I had with the participants and

increased in importance with each successive conversation with the same participant. My review of the conversation immediately following and preparation for the goals of the next one assisted in achieving conversations considered satisfying to the participants and to me.

### **Data Analysis**

The purpose of interpreting participants' perceptions of their lifeworld is to provide a sense of the meaning they make of the situations they face. It is not possible to interpret meaning without accurate data, so each interview was audio-recorded and transcribed with verbatim questions and responses, along with false starts, pauses, laughter, and other expressed emotions (Smith & Osborn, 2008).

I used NVivo 10 software for coding the transcripts. It employs a coding strategy in which analytic comments and memos are readily accessible, both for first-level coding and for emerging themes (Smith & Osborn, 2008). Since the aim of IPA is to understand the participants' meanings rather than to count the number of times a perception is made (Smith & Osborn, 2008), my concentrated involvement with the text (Reid, Flowers, & Larkin, 2005) was aided by my conducting the interviews, transcribing each conversation, and reading and re-reading each transcript multiple times. The transcript led to the initial notes and, from there, to the emergent themes. The first coding nodes included summaries of the points made, first interpretations. The right side of the text carried combinations of emerging themes and groupings of themes. These first theme titles were more abstract and contained more psychologically-specific language (for example, belongingness in family was later split into themes that included 'father as hero'), but were still clearly related to the participants' points (Eatough & Smith, 2006a).



Throughout this phase, beginning with first introductions and interviews, I maintained careful field notes: reflections, thoughts, ideas, observations, impressions before and after the interviews and between interviews. I have counselled offenders for many years, more than two decades at the time of the interviews, and consider myself to be calm and attentive when listening to discussion of difficult emotional topics, including abuse histories. I learned over those years the necessity for the person sharing their life experiences to engage in self-care and reflection between interviews on the impact of this project on them. Consequently, the interviews were paced with time in between to permit that period of reflection.

Concurrent to the conversations, I asked the participants if they wanted to express their thoughts and feelings between our meetings about their experiences through songs, poetry, drawings, and/or photographs. One participant sent emails further articulating his thoughts and reflections on issues we had discussed; these emails became part of the data set. None of the participants engaged in artistic endeavours related to their experiences during the course of our meetings. The participants expressed varied levels of interest in engaging in creative expression of their experiences. In the end, one participant, Mick, shared a song he said exemplified the struggles he has had in life. Another, Parker, volunteered a number of photographs he took during, or was given from, his tour of duty. Sumner showed me the outline for a program he and his team developed to help soldiers deal with the stressors of combat as well as peacetime. Chris did not feel he could offer anything creative to demonstrate his trauma impacts, his life experiences, or his recovery efforts.

Importantly, this period of interviewing, transcribing, coding, and analysis was circled round with numerous and rich conversations, predominantly with my thesis supervisor, but also with family, friends, and other researchers.

### **Connecting Themes**

The emergent themes, once in place, were noted in a separate document in NVivo, in order to locate patterns. This, the third stage of data analysis, was the process of clustering themes, ensuring the titles remained accurate representations of the participants' perceptions. Some of these emerged as "superordinate concepts" (Smith & Osborne, 2008, p. 70), or the master themes. From this step, a table of themes for each master theme was compiled to show the cluster of themes. These tables include interview identification and small quotes to organize the themes and assist the reader in making thematic connections.

### **Moving On**

When the themes were compiled for one participant and I was satisfied they authentically represented that person's perceptions, I moved on to the next transcript. At this point I had two options: to use the first analysis as a template or primary orientation for subsequent transcripts, or to set the first transcript and analysis aside completely and move on to subsequent interviews as isolated entities. Realistically, since I conducted and transcribed all the interviews myself, the second option, on its own, was not possible. Smith and other researchers have used a first, rich interview to inform the subsequent analyses, to identify the themes that further identified earlier ones, and also to locate new and different themes (Smith & Osborn, 2008). However, he also recommends that students or those using IPA for the first time and involved with three or fewer interviews adopt the second model and analyze each transcript as though it were the first one,

locating similar and divergent themes when all the individual interview coding and theme-identification is completed. This analysis choice has been taken by a number of researchers (Bailey & Davidson, 2003; Davidsen, 2009; Dibsda11 et al., 2002). I have chosen what is tantamount to a combination of these two perspectives: I have analyzed each interview on its own, completing themes individual to that participant, and then moved on to the next; however, I was also aware of the themes that emerged in each of the earlier conversations and considered earlier themes in assessment of later ones.

### **Superordinate Themes**

The major themes were decided upon and compiled following coding of all the interviews and clustering of preliminary themes. At this point, I selected the “superordinate” (Smith & Osborn, 2008, p. 70) or master themes on the basis of their richness and ‘illumination’ of the experiences (Smith & Osborn, 2008, p. 75). They may well be the themes most frequently mentioned in the conversations with the participants, but frequency of mention alone was not sufficient reason for choosing a particular one as a superordinate theme. For example, either passive forms (through dangerous activities) or active forms of suicide contemplations were mentioned by most of the participants; however, rather than using death or suicide as a master theme, the concepts were incorporated into the resilience theme and the subtitle ‘What might I have become?’ as this was the stronger and more recovery-focussed discussion. Another finding is that not all the themes emerged from one group or the other; some, such as ‘throwing money at the problem’ was mentioned by one person in each of the two groups. Throughout the data analysis, I held a number of discussions on themes and codes with my supervisor, with three of the participants, and with a group of trainees on the NVivo software.

During these discussions, themes were refined; broad descriptions were replaced by in vivo terms and tables were created to further explain and refine the themes.

### **The Final Piece**

The last part of any research is the written account. The Results chapter is organized by the five master themes, with extensive quotes from each participant in each of the themes. Indeed, the extent and richness of quotes of the participant or participants is a telling feature of IPA (Brocki & Wearden, 2006; Smith, 2004). Each superordinate theme is then linked to the literature in the Discussion (Smith, 2004).

### **Analysis Validity**

Smith does not directly discuss analysis validity or inter-rater reliability but other IPA researchers note decisions to take the transcripts back to the participants for verification (Bradbury-Jones, Irvine, & Sambrook, 2010), to consult with other researchers to obtain agreement on themes (Dibsdall et al., 2002), or to provide sufficient methodological details and linkages from participant interview to final presentation of themes so that the reader can decide whether the analysis is trustworthy and dependable (Bradbury-Jones et al., 2010).

I asked each participant if he wished to participate in verification of the transcripts; none wished to see them. The concept of member checks or taking the data back to the participant for review and additions or deletions is considered part of free and informed consent (MacNeil & Fernandez, 2006), and essential to the researcher-participant relationship in qualitative research, in that the material is really owned by the participant (Oberle, 2002). I respected their right to not engage in this aspect of the research. However, I have provided copies of the completed thesis to the two military participants. Both offender participants have limited literacy skills and

requested to not have copies as neither owns a computer and their living circumstances did not always insure security of the paper document.

In light of the interpretative nature of IPA, it was also necessary for me to proceed with a combination of the second and third option noted above for review and assessment of my analyses: I reviewed and discussed the themes with my supervisor, and I have provided in this thesis methodological details and linkages for the reader to assess the reliability of the analysis. I have shared aspects of my reflections and analysis with my sons, family members and close friends, and the participants. The following two reflections define the complexities and essence of this aspect of research. Oberle recounts a researcher's gained understanding in the comments on the data analysis by his participants who "felt misrepresented by my attempts to provide what I – but not they – considered an objective description of their occupational world" (2002, p565). For others, sharing and reviewing transcripts of interviews with research participants helps guide and inform their own reflexive process: "My intention was to remain faithful to their stories. However, I did not relinquish my responsibility for the analysis nor my 'voice' in the paper" (Jones, 1997, p. 349).

<b>Master Theme 1: Betrayal: “It Might Have Been a Whole Different Story</b>				
	Mick	Parker	Sumner	Chris
<b>Collective betrayal</b>	- ‘We were castaways.... We were nothing but hooligans’ (2:10)	- ‘They refuse to listen... or don’t want to admit that they are wrong’ (1: 39)	- ‘At the end of it, most of them were told as soon as they’d get to Petawawa they were going right over.... So, they were just bodies really’ (2:53)	- ‘They know if the family’s got money, who the family is. They don’t just pick ‘you’re the victim’ (2:7)
<b>The guilty self: A sense of responsibility</b>	- ‘[My parents] only wanted the best for their son.... And what they got was a monster’ (2:12)	- ‘I could have gotten them killed, could have gotten myself killed or my team’ (2:30)	- ‘I had to respond to two cardiac arrests, which they were my hockey teammates’ (1:14)	- ‘I was weak. People didn’t know that I was weak, and I was weaker than you could imagine’ (2:5)
<b>A soul wounded</b>	- ‘Who wants damaged goods? Go to the grocery store and drop bags of apples on the floor and say, ‘oh yeah, these are great ones’ (3:25)	- ‘I remember having a, even my dad’s rifle uh in my mouth and uh practicing pulling the trigger’ (2:40)	- ‘I would panic if I had to go to an emergency call, you know. And yet, I got written up for being the Rock of Gibraltar’ (1:14)	- ‘I’d get into fistfights. Every night. ‘Cause I liked to get hurt. I felt the pain, I loved it’ (1:36)
<b>Reconstructed identities</b>	- ‘Oh, he’s just a fuck-up, you know; he’s dyslexic, he can’t read and write’ (2:5)	- ‘When you see them taking everything they own it is usually a pretty bad sight’ (2:12)	- ‘I would have people come through that psychiatric wing..., watch them get better and I couldn’t?’ (1:31)	- ‘One guy even tried to get me in the shit house... Just where it was and I was nothing other than a piece of shit’ (2:13)
<b>Retraumatization</b>	- ‘You seen what happened and you left! You just closed the door’ (2:8)	- ‘Some of the worst ones are making fun of him, like placing bets on when he’s going to do it [commit suicide]’ (3:20)	- ‘You know we eat our own.... It’s the most disgusting thing the way we would treat one of our own’ (1:34)	- ‘Even after he [abuser] went to court, the RCMP called me, ‘Well, he said he loved you.’ Can you imagine?’ (1:39)

## CHAPTER 5: RESULTS

The narratives of each man led to a number of emergent themes which form the basis for the five superordinate or constitutive themes. The five superordinate themes are: (1) Betrayal: “It might have been a whole different story”, (2) Hypermasculinities: “You should have been where I was!”, (3) Resilience: “What might I have become?” (4) Belonging: “Everyone wants to belong to something”, and (5) Changing the environment: “You got to make this right”. These themes and their theoretical application will be set out in the context of the reviewed literature in the Discussion chapter. In this chapter, the reflections of each participant and the emergent themes from their narratives provide the findings that build these master themes. Each master theme is displayed as a table with identifiers from each participant to show convergence of the very disparate cases into the superordinate themes.

### **1. Betrayal: “It Might Have Been a Whole Different Story”**

I was a happy child. I had a great childhood. I had two parents that loved me until the day that they died. Anything I wanted I had. I had a great childhood. Camping, a lake,... canoeing, fishing with my dad, in the woods with my dad, my mom always, you know. No. [Boys’ school] stole my innocence (Mick, Interview 2).

All of the participants described the traumas that, cumulatively, brought about the conditions and symptoms that resulted in PTSD; many of these traumas were events out of betrayals. Most of the betrayals were the actions of others, demonstrated in the above quote from Mick. Without the betrayals, “It might have been a whole different story” (Parker, Interview 3).

## The Collective Betrayal

The participants recalled numerous instances of betrayal by a group: from family members to neighbours, from an education system to the justice system, from groups as small as one's parents to the depth and breadth of a provincial government. They discussed how a network of harm - criminal or neglectful behaviours, mental or verbal abuses, or arrogance on the part of those who were in control and / or in positions of power - contributed in multiple ways to the traumas they experienced. They also identified that these collective betrayals contributed to an undermining of their sense of pride in themselves, and called into question their honour and their characters.

**Mick.** Mick spent his earliest years in safety. He felt loved by his family and held a bond with his father that lasted through the years. His father and grandfather used traditional means of providing for the family; they hunted and fished, fixed their own vehicles and machines, and did not condone dependence on others or on the state to assist in what they believed were their responsibilities. Mick has followed their lead and noted with pride that he has never collected social assistance. He remembers an occasion when police came to the family's home to talk to his father about "jacking deer"<sup>5</sup>. The latter showed the officers the contents of the family's fridge: "There was nothing in the fridge but meat wrapped up in newspaper. That was it. There was no milk. There was no apples. There was nothing. Just chunks of meat wrapped up in newspaper" (Mick, Interview 5). Mick witnessed the effect of this

---

<sup>5</sup> Jacking deer usually refers to hunting for food without a licence and using a light to attract animal's attention.



independence and autonomy on others, as the police advised his father that he was doing right by his family, and that no further action would be taken in the matter.

Life changed for Mick when he started school. He was diagnosed as dyslexic and placed in a classroom with other students who were challenged in the mainstream classes; some of the students in the room with Mick could not speak; others wore helmets to protect themselves from harm. Mick was shocked; his father was also shocked:

Me and my dad would go out in the garage and rip a transmission apart and put it back together. He's like, 'this kid is not dumb!' You know? And then with just my carpenter skills and stuff like that, we started building houses and doing roofs. That was good times, right? (Mick Interview 1).

However, Mick still had to go back to school, and he did not find support for the independent spirit so admired in his family. He soon rejected school as a place of safety, learning, and acceptance. He rebelled. He began to consume alcohol and marijuana. He often skipped class. He sometimes came to class under the influence of drugs and was frequently accused of being high even on the occasions he was sober. The school principal epitomized what Mick considered as a dismissal of him by the entire school:

The principal hated me. He used to tell me to go commit suicide all the time, he'd say 'I'll buy the bullet', you know. 'You get the gun, I'll, I'll buy the bullet if you just go around the corner and blow your brains away because you're just a waste.' And uh, so, you know, school wasn't, school wasn't fun for me, right? (Mick, Interview 1).

By the time he was 14, Mick was arrested multiple times for underage drinking and truancy. As a result, a decision was made to send Mick to the provincial reform school for boys by a youth court judge, supported by lawyers, the area police, and Mick's mother who just wanted her son "fixed." The officials had done a good job convincing Mick's mother that her son would 'become a man' in the juvenile facility: "We'll fix your son. He won't drink and do drugs no more. He'll be military!" (Mick, Interview 1). It was a striking blow to the teenager that he had to become 'military' and that his mother relied on an assessment of him by those unknown to the family. He felt betrayed by her as well as by the court system: "It's like someone popping a balloon, you know. My world was over" (Mick, Interview 2).

When Mick arrived at the boys' school, following a 100-km drive in a van in which he was shackled to the other five or six boys also being transported there, he tried to reclaim his independence and autonomy. His first confrontation with the realities of the facility came within the first few days when he was placed in solitary confinement for verbalizing his opinion:

I was stripped down naked and thrown in the hole<sup>6</sup> And when you're thrown in the hole in there you're in a dark cell, no window, no toilet, no bed, no nothing, no blanket. You're in here like a piece of shit. There's a hole in the middle of the floor that you uh got to hover over to shit and piss in. Yeah. I learned very very, yeah [smiles aloud] quickly [not to speak my mind]. It made me angry. It made me angry. They'd come by and feed me and throw my food on the floor. So where you urinated and shit you'd have to pick up your spaghetti and eat it with your bare hands (Mick, Interview 2).

---

<sup>6</sup> solitary confinement

The longest time Mick ever spent in the hole during the three years he was in the boys' school was 30 days. During our conversations, Mick spoke of many instances where other boys were sexually abused. He spoke of his own sexual abuse twice; one is referenced later in this chapter, and the other was when he stated "I was brutalized" (Mick, Interview 1).

Mick is convinced that there were numerous layers of conspiracy that protected the abuse that was occurring in the boys' school: from the city's and province's politicians, to the judge who frequently sent the young boys there, to the lawyers and other influential citizens, to the police who returned the runaways from the facility:

There's nobody to tell. Nobody cared. We were running here, to [city], escaping, and the [city] Police'd take us right back there. When you went back you got three times worse. So, you knew better than to run away. And like they said, 'Run. Who's going to believe you?' Obviously no one (Mick, Interview 2).

The layers of silence about the abuse in the facility surrounded him. His parents did not know what was happening there until years later when word of the damage done was breaking in the news media. But, he believes the levels of justice officials who sent the boys to the school, policed them, and released them, all knew:

They all knew, they all knew! No, they didn't care. We, we were castaways. Nobody wanted us! We were, yeah, who cares? Yeah. We were nothing but hooligans. And it's sad. But that's what happened. You know? (Mick, Interview 2).

**Parker.** The betrayal by others who were required to protect Parker began early in his life. His childhood was marked by physical violence from his father, a successful businessman

in an eastern Canadian city, the bitter divorce of his parents when he was beginning school, and the absence of his mother from regular contact with her children for many years. From a young age, Parker was looking after, providing care to others:

I know it was pretty bad when uh, when I was that young that I couldn't have a job but I was going through dumpsters collecting bottles trying to get like 20 cents refunds to make up enough money to hide it in her [mother's] purse (Parker, Interview 1).

A description of betrayal by his parents does not sit well with Parker and he continues to struggle with describing his childhood difficulties, feeling this is a disrespect of them. He has a strong code of honour and has been trained from his earliest memories, as well as through his military training, to respect the group, to uphold the unit: the family, the troop. That these units betrayed their responsibilities to him and so caused him injuries are difficult topics for discussion:

I don't know. [expels breath] It's hard to explain that to anyone. They're, they're my family, they're, as dysfunctional as they are. I mean, when I really think about it, my mom, as terrible of a job as my father did of raising us, she was never there. She couldn't protect us.... But I mean at least my mom was caring, she was loving, and she's always been there for me, regardless, and for the rest of our family. But I mean she grew up in that stuff. She really, I don't see how she could possibly use ignorance as an excuse (Parker, Interview 1).

Parker wants to present his parents' abdication of responsibilities with as much fairness as he can frame; he is torn between duty to his family and a rejection of the family's use of

silence. From time to time, his father's violence would be made known to the broader community:

Uh, yeah, he was really bad growing up. It wasn't just the alcohol or the gambling, he was uh, he was just an angry guy. Playing sports, I hated playing sports just because he'd be there. Um, like way back before they changed this arena, like way back when, I used to play hockey here and if I didn't play as good as he had hoped or whatever, he was one of those parents who'd get kicked out of the arena. He'd uh, but he'd leave me there and I'd have to walk home. I mean that's pretty young for an elementary school or junior high, carrying that [hockey bag], you know, through [Maritime suburb]. And to save myself embarrassment I'd be the last person leaving the locker room too. So. I didn't want anyone's pity. Yeah, he was a real piece of work growing up (Parker, Interview 1).

When he joined the military, Parker began to feel supported and respected. As a teenager, he was given increasingly important taskings, or assignments, from courses on advanced training to overseas assignments. However, when he arrived in Afghanistan, he became frustrated by decisions of military management: over the spending of reconstruction or support funds, or tactical decisions. He loved his job but felt the military was letting down its soldiers and the civilians in the combat zones:

That is the best and worst job I've ever had. Uh, parts of me I still, I still miss it. But, it it's just such a terrible system. Yep. Uh, there's so, there's so many different things that have happened that, when you know that they're, they're doing something wrong and yet you can't do anything about it because even when you try to go up the chain of command it might get shut down or they refuse to listen. Or that their, their egos are too big that

they [smiles, sort of] don't want to admit that they're wrong. It, it just, uh, it was terrible (Parker, Interview 1).

**Sumner:** The tests of a soldier's morals is a challenge familiar to Sumner. His military career took him to air force bases and northern posts across Canada. He did not have combat postings. He did not see service overseas. His career largely spanned peacetime missions, and as a medical officer he witnessed the same types of injuries and physical traumas on Canadian military bases as would occur on overseas military bases and war zones. He has spent his career not only tending to broken bones and recovering bodies from plane crashes but giving addictions and mental health counselling to soldiers and their spouses on bases throughout the country. He recognizes there were many times in his own posttrauma struggles that the military dismissed his symptoms. Despite his pride in his military career, Sumner believes there is a collective responsibility for the mental and physical casualties among service men and women that is not adequately being met.

For one thing, the military did not train its soldiers well on how to manage *not* going to war. Sumner described the differences between the self-images of peacetime pilots serving on Canadian military bases and World War II pilots flying bombers over Germany:

If you picture being 20 years old and that's happened, you're flying a Lancaster bomber. You know, that's phenomenal. A 20-year-old kid flying a plane, you know, with a crew of seven. And when you left and packed up at night, on a regular basis, from any of the air, British Commonwealth air training bases to go into a sortie or go over Germany, uh, it was just constant rotation. Some nights, if you sent 800 planes, 25 wouldn't come back, 25 times seven (Sumner, Interview 1).

Basic training provided soldiers with the skills they would need to defend themselves and defeat the enemy in combat; they were trained in weapons, explosives, defensive and offensive operations. Their skills were designed to protect them and their troop mates in battle. Basic training did not provide soldiers with mental health skills to assist them in peacetime missions on Canadian bases. Their identity as soldiers was challenged in the absence of conflict. Without an external aggressor, many engaged in behaviours and activities that were risky and at times deadly.

Some of the injuries and deaths among pilots and air crew and soldiers on bases resulted from danger-seeking behaviours. The year after Sumner left one base a collision involving three planes was the result of pilot error during an unauthorized flypast. These pilots were not in the same position as those young flyers during World War II – or pilots in other combat missions. They were not trying to complete a mission and stay alive. There was a feeling among many in the military that if they did not ‘go overseas’, fight in conflict, risk their lives for the greater good, they were not worth much as a soldier.

In other times, the ideal soldier was defined as unemotional, precise, in top physical shape, a weapons expert, unaffected by strain or fatigue or death, but now, he argues, emotional balance and a variety of life experiences are seen as assets. Yet, he also acknowledges that in the times of greatest danger, the ideal soldier remains the person who can keep going right after seeing his best friend killed, who can maintain the advance or the defence, who can shrug off grief or extreme pressures to uphold the strategy. Emotionally unexpressive is still considered a positive.

Another problem for the young soldiers sent into combat missions after the first blush of wartime fervour is over and the losses mount and the conflict spreads over months and then years is the relaxing of training commitments to the soldiers. In the later years of the Afghanistan War (2001-2014), the soldiers were being rushed into battle without sufficient training. Sumner experienced deep fear for the safety of the soldiers sent overseas after the first years when training took much longer, up to three years:

At the end of it, most of them were told as soon as they'd get to Petawawa they were going right over. And that sent shivers up my back, you know. It, and it was almost like the end of World War Two, the, yeah, the reserves that they sent in, I mean we were running out of bodies. And, and you know, the last thrust into Germany, a lot of these people weren't trained. And they used to hide them and keep them out of, the sergeants would say, 'Oh no, we can't send him. He'll be dead tomorrow.' You know. They didn't have the survival techniques or the fine skills of soldiering. So they were just bodies, really (Sumner, Interview 2).

**Chris.** Chris has no happy childhood memories, with the exception of his mother buying him a new shirt so that he could go to see Tommy Hunter in his village when he was a small child. The village was isolated and bleak when he was growing up there; the fishing season was brief and success depended on weather, luck, and equipment as much as skill. The winters were long and dark; drinking was a frequent activity and a common harmful additional member of many families:

If you were poor you were poor, if you weren't poor, you were – you know what I mean – you had a little other. You either had a little bit or you had nothing. We had nothing.



Mother had to try to raise us all while Father was out drinking. And whatever, whoring around. Bottom line, whoring around and drinking. And Mother had to raise us, four plus two (Chris, Interview 1).

Indeed, Chris says he remembers very little of anything in his childhood prior to starting school and the beginning of his traumas. He says he recalls picking up beer bottles and having a ride on a horse. He recalls being cold and not having enough to eat. The food often consisted of meat, hunted locally; every home had rifles: “That’s how we lived. That’s how, that was our meat. Ducks and geese and rabbits, that was our food” (Chris, Interview 1). The house he grew up in had an outhouse but no indoor toilet: he did not see running water in his home until he was 12.

In a village where poverty was the norm, his family stood out as particularly in want. His father was a bootlegger but was known to use more than he sold. His paternal grandfather lived in a similar way; he died by drowning while attempting to bring prohibition liquor in from a boat to shore. Alcoholism and the family’s poverty seemed to define their status in the community:

I’m nothing, I’m nobody. I was told that all my life from my father before he died, not before he died, but when we were younger. Like we patched up pretty well before he died but before that, fuck, all my life I was nothing, ‘you’re no good for nothing, you’re gonna be nothing.’ And you get that drove in your head (Chris, Interview 2).

In his first year in school, the vice-principal began to give him bananas and other foods. Chris believed at the time the vice-principal was a kindly and trustworthy man helping out a boy who did not have enough to eat:

C - I really believed he [the vice-principal] was there and I could trust him.

I - And when did that turn around?

C - Probably when I was about seven or eight. Just the touching, you know, touch me here, touch me there. 'It's okay, don't worry about it.' Since they put me in a classroom of my own. Like I said, the school was like an L, well there's the L, principal's office here, there was another room back here and that's where they kept me (Chris, Interview 1).

If Chris was acting out in class, he might spend the entire day in 'the room'. He was placed there by the teacher or by the vice-principal for being hard to manage in class. He said he never observed other students being taken to 'the room' and he did not know if others were being given bananas and other items of food: "See that was done in privacy. It wasn't, just didn't happen in the room. I was, they said I was too hard to handle. Even when I was a kid" (Chris, Interview 1).

He says he does not remember how the touching started and, despite the lack of family guidance, knew from the beginning when a touch on the shoulder became uncomfortable and inappropriate. He says he also was not sure how appropriate physical contact between adults and children should be shown, but knew that something was not right in the vice-principal's attention. The circumstances of Chris's family and the manner in which he was raised seemed to create a mix of neglect and abuse leaving Chris vulnerable to both:

The sex part of this, for one thing I can guarantee you, they prey on the weak. And I don't mean as in weak that way. They watch for the families, they know the family background. They know if the family's got money, who the family is. They don't just pick 'you're the victim.' They don't just do that. No, no, no, no. (Chris, Interview 2).

## **The Guilty Self: A Sense of Responsibility**

The next second order theme or sub-theme reflects another layer of betrayal for the traumas, this by the participants themselves. They felt guilt and shame for either contributing to their traumas or for inactions that may have contributed to traumatic events for themselves or others. Some described their sense of responsibility for the injuries not as a passive but rather as an active involvement in the traumas.

**Parker:** During his tour of duty in Afghanistan, Parker was a troop leader, a poster soldier: intelligent, calm under pressure, physically fit, attentive to directions and strategies, committed to rules of engagement and fair treatment of civilians, a leader. He used humour to control the nerves of his troop mates during dangerous missions, such as driving along IED<sup>7</sup>-loaded roads or engaging in fire fights. However, he was not able to protect civilians or his troop mates from harm; indeed, he held himself responsible for putting his friends in danger and for not saving civilians. He has defined these as failures, as errors of commission or omission; experienced by him alone. Cumulatively, they injured him severely in mental, emotional, and physical ways.

One of the most damaging examples came about after Parker discovered a small girl, aged about six that I have called Darya, while walking with his troop mates late one night. Girls were not permitted out at night and the sight of her was so unusual that Parker and his mates followed her to her family's home. There, they found her family dead and realized that she was soaked in blood from the massacre, not in rain as they had first believed. A foster family was not found; Parker committed to adopting her. Concurrently, he and his troop mates constructed a

---

<sup>7</sup> Improvised explosive devices

school to provide education for the girls of the village where they were based. Education for girls was not traditionally supported, but the villagers saw this school as a sign of hope. Constructed of hay covered with mud, it was almost impervious to bullets. But it was not fire-resistant; if flames penetrate the mud to the hay layer, the structure would become a combustible.

Parker was part of the QRT, Quick Reaction Team, responding to emergency calls at camp the day the school burned. The rebels had barricaded all the children inside and then set fire to the building as a psychological tactic against the villagers:

And uh, that whole training about the T triple Cs<sup>8</sup> you're, you're supposed to win the fire fight before you try and extract people. But the fire fight was basically a stalemate where it was just more, they were just more harassing us to keep us from getting to the kids.

And again, if that was a symbol of hope they were trying to crush it. And I had done something pretty stupid then too. I had taken off my helmet and my tack vest, but left my frag vest on. Decided that I had to try and get them out (Int. 2, L. 509-514).

Parker and his fellow soldiers came upon the rebels and the school as it was burning and the children inside were trapped. He threw away all his training, his discipline, and his vow to protect his mates and advance the mission. He dropped his gear and ran to the school, taking a shot to the ribs as he reached the building. Once inside, he realized the back room was also barricaded and he would not be able to reach the children there. He knew that he had placed the other soldiers at risk by his actions, that they would work to get the children to safety. He knew he had risked the life of his interpreter, who ran into the building to try and save him. He saved

---

<sup>8</sup>Tactical Command and Control Communications; also known as TCCC, the civilian equivalent to a paramedic, responsible for triage and evacuation.

as many children as he could reach. Of the 31 girls inside the school, 13 lived. Darya was not one of them. Parker sat down inside the building:

P – It's when [Michel] came in to get me actually, our interpreter. [30 second long pause]. It's funny too 'cause I gave him shit about it. I knew what I did was pretty stupid and I could have gotten them killed, could have gotten myself killed or my team? Uh but I mean it was at that point that I saw like you know that their loyalty to me was putting them in danger? And [Michel] was just a civilian. He risked his ass to run into the, you know not only enemy fire but into a building that was crumbling, trying to convince me to come out.

I - And why were you still in there?

P - Uhhh, I think at that point it was kind of starting to sink in. [expels breath] I mean that's quite a failure but that's uh, I don't know how you really recover from that. At least at that point I didn't see it and the way I saw it is if I can't get them out I'm not going to let them die alone. And I was just trying to search through to see if I could find her. Yeah [inhales breath] (Parker, Interview 2).

**Sumner:** Born during World War II, Sumner grew up in a large family in a large house in the middle of a town located near a military base. His parents were known in the town as caring people who opened their doors to others in need. When he signed up for basic military training, he chose the route of medical personnel; his career choice meant service in numerous Canadian bases. He says his medical services care for others brought him face to face with many of the same kinds of tragic events that medical services would find in war zones, that all first responders would face – the combination of violent injury, dismemberment, and death. For him,

the difficulty of treating and tending to hurt and dying human beings was intensified because, too often, they were also base mates, neighbours, and friends:

There was a lot of things there that were difficult. And it's to be expected, part of your job. But I find when you get too, after a while, 'you know that's what you do'. The toughest thing, what people couldn't appreciate is, it's tough for paramedics, it's tough for a lot of people. But in the military, almost if you're in a location you sit in church with these people, you know them all. Like, I had to respond to two cardiac arrests, which they were my hockey teammates. You know, our kids picnicked together. And, and when you get into those situations, you know, after a while it doesn't become – your skin gets too thin (Sumner, Interview 1).

**Mick.** Until he was forced to because of the publication of the boys' school abuses in the news media, Mick had not told anyone what had happened to him. He still shares his abuse experiences with only a few people. For Mick, the traumas were the demonizing of him, the events that turned him from something good to a monster; his shame was in not being able to resist the abuse, in not being strong enough even though he was a child. He believed his traumas were the result of something he had done wrong:

You blame yourself. Well, [expels breath] you just feel useless. You feel that you did something wrong.... I felt ashamed. Like it was my fault, like I did this. Like you know? Like you do. It, it, it, it's it's a fucked up situation, downright fucked up, like maybe I fuckin did something or said something. You know what I mean? Or maybe if I didn't look this way this wouldn't have happened to me? Or you know, you know, it's you know that's why I got tattoos and uh got my ear pierced and shit like that, to revolt

people.... And I didn't do it because it was cool. Or I thought it was cool. I did it so you would look at me and say, 'I want nothing to do with that. Look at it' (Mick, Interview 3).

Mick's first tattoo, acquired in the same year as his sexual abuse in the boys' school, is a death symbol. He says this choice was twofold: he felt dead inside and he also felt he was capable of killing someone. He has not trusted in people who want to be in relationship with him - as friends, even as family. He looks back on his marriage and his years with his wife and two sons as a "mask" (Interview 2) of happiness.

**Chris.** As the years passed, the vice-principal presented other gifts to the child. He obtained hockey gear so Chris could play in the local leagues. Then, he started driving him to area dances, purchasing liquor for him, and giving him money to pay the admission in to the dances. By this time, Chris was entering puberty, 12 or 13 years old. He was beginning to date and expressed sexual interest only in girls. However, his confused and shame-filled thought processes over his continued coerced sexual activity with his abusers, the vice-principal in particular, confirmed for him his moral weakness. He held himself accountable for the abuse, particularly since he was abused by at least four men in the village. He also feels that his weakness and his vulnerability for abuse was the result of his father's verbal put-downs:

C - If he wouldn't have said all them things and that, I wouldn't have been weak. And I hate saying that. And I never said that before to anybody. When I was younger, yes I could fight, and yes I knew that people were scared of me. But I was weak. People didn't know that I was weak, and I was weaker than you could imagine. Uh, now I go to

the woods to cry just because nobody can see me. I could never cry ever, I just couldn't cry.

I – In your family, do you think, did you grow up with the sense that there were expectations of what you would become or grow up to be?

C - I was told I was going to grow up to be nothing. There you go.

I – Did you have the sense that you would become an alcoholic, that you would live in

C – I was told when I was 12 that I was going to be an alcoholic, you know, stuff like that.

I – Were you drinking by then?

C – I was drinking before then (Chris, Interview 2).

### **A Soul Wounded**

The participants spoke of a deepening sense of shame or mistrust of themselves following the traumas. In particular for the offenders, they turned the abuse they had encountered into a sense of themselves as a bad person, unworthy, evil. The military participants were more likely to be concerned they had insufficient control over their symptoms, particularly in public.

**Mick.** At the age of 17, after a number of failed releases in the three years since his first admission to the boys' school, Mick returned to his home community. He was using a lot of alcohol, cannabis, and LSD. He felt out of control, unable to deal with the traumas he had experienced and the directions his life was taking him:

Yeah, that's when I became really violent. Like yeah, even my closest friends, you know, 'Hey it's nice to see you [Mick] but you uh have, have your couple of drinks and you gotta, you gotta kick cans down the road, right?' You know. Like I was sleeping outside.



Yeah, it was crazy. I had a problem. I tried to deal with it. Now that I'm older, that I'm learning, I hated God. I blamed him for everything, especially when I was a kid in that hellhole. Right? You know, the nuns would beat the shit out of us. You know?

Cleanliness is holiness and all that horseshit. God's going to do this and that. I just couldn't get it. If this God is so great, then why is this happening right? You know? So, so I just, I drowned it you know? I smoked, snorted, and drank, (Mick, Interview 1).

He was angry, often violent, and displayed outbursts and erratic behaviours. His friends and family thought him a bit out of control, darker, rougher, prone to reckless actions: "It must have been hard for [my dad] and my mom to have such a demon, you know what I mean. You know. They tried. They tried their damndest.... But you can't fix something that's been stolen (Mick, Interview 4).

Mick self-identity as someone evil, a different person, a 'monster' in the early years following his release from the boys' school gradually gave way to seeing himself as bruised, wounded, damaged:

Who wants damaged goods? Go to the grocery store and drop bags of apples on the floor and say, 'oh yeah, these are great ones. Oh yeah, nice and bruised, take them home.' You know what I mean, and that's the way that I felt, right? And I still feel that way today. You know, that I'm damaged goods. And I'll always feel that way, for the rest of my life.... 'Cause something was taken away from you that they can never give you back. And that's your innocence (Mick, Interview 3).

**Chris.** Although he was known to engage in fights as a child, Chris's violence escalated in his teen years. His decision to fight with little provocation on a frequent basis during area

dances had many layers of rationale. On the surface, fighting was a way to vent his anger, a way to lash out at his self-loathing, his disgust with his abuser, his sorrow over his lost childhood. In addition, if his behaviour was too aggressive, the vice-principal might be repulsed and not drive him home and he could escape a sexual encounter that night: “I used to get cut, I’d get hurt. I’d hit somebody else.... [Vice-principal] He was afraid of me, yeah. Yeah, I figured if I got violent enough, he’d leave me alone, yeah” (Chris, Interview 1).

There is yet another layer to Chris’s fight decision-making. The physical pain of getting beaten, getting cut, helped to relieve his mental and emotional pain. He sought the release that physical pain gave to him: “I’d get into fistfights, every fuckin time, I’d get into fistfights. Every night. ‘Cause I liked to get hurt. I felt the pain, I loved it” (Chris, Interview 1). This sensation of physical pain as a way to release endorphins and so minimize emotional pain may have been a form of self-injury while using the combatant as the instrument of injury.

The depth of injury to Chris is evident in his social interactions, his relationships with other people, his isolation from friends and family and community. He carries a deep shame for his sense of self. Like Mick, he associates heterosexuality with normality, and homosexuality with perversity.

**Parker.** After Parker returned to his home province, physically and emotionally injured from his combat mission, he was sleeping poorly and drinking heavily. He spent days and nights at a local bar, usually with any of his friends who would join him. He was suicidal, seriously so. He tried to kill himself in a number of ways, any of which should have worked:

If anything I was more suicidal without drinking. And uh, I mean, I’m as close as it comes to having died from suicidal actions, I guess. Uh, like I’ve jumped off the [City]

Bridge and I can't swim. It wasn't long after I got back. And I mean I lost consciousness but I still somehow ended up on shore. I, I can't explain it. I broke my leg. Don't really remember it. Don't really remember being in the hospital. I know I was close to hypothermic... RCMP have taken away my weapons, or my parents. 'Cause at one point I remember having a, even my dad's rifle uh in my mouth and uh practicing pulling the trigger, sometimes with the safety on or, you know kind of go back and forth between having it on and off? Uh at one point with one of the [smiles, aloud, sort of] old revolvers I had it was just kind of a game of Russian roulette with myself? Uh I remember at one point what stopped me from pulling the trigger was actually my dog scratching at the door, and I was thinking about [smiles] who was going to take this furry meatball for a walk, 'cause my parents wouldn't do it (Parker, Interview 2).

In the years since, Parker's suicidal ideations have remained with him. He has a Do Not Resuscitate (DNR) health care directive in place. He is not bothered by the concept of death and, during that interview, expressed that he is comfortable with dying.

**Sumner.** What does it mean to be a 'Rock of Gibraltar'? The phrase means solid, unbreakable. Sumner described the mental process involved in trying to keep up appearances as a team leader while dealing with his increasingly acute symptoms:

It's like posttraumatic stress is – the way the doctor explained it to me – you hit a little stressor and you stuff it but then your tank gets too full. And I basically got I didn't, I would panic if I had to go to an emergency call, you know. And yet, I got written up for being the Rock of Gibraltar during these emergencies and got everybody doing and supported them all. Except you didn't support yourself. And that's harder at the senior

supervisor rank. If you're a head nurse or something you're the one who's got to keep it together. You can't share your feelings or emotions about events (Sumner, Interview 1).

For Sumner, his anxiety levels were increasing, beginning with the plane crash in the early years with the loss of the seven-member aircrew and his need to be a force of calm support, a 'Rock of Gibraltar' for his nursing staff. When he left the base in the early-1980s to begin working as an addictions counsellor, he was already starting to feel the effects of his involvement in collisions and logging injuries, and physical and psychological injuries that the soldiers on the bases were experiencing. He was hospitalized because of his symptoms and the staff there looked for physical causes, including a brain tumour. This was in 1987, less than 10 years after the recognition of PTSD in DSM-III. The hospital was the National Defense Medical Centre in Ottawa, the national health centre for the Canadian Forces at that time. He said that PTSD was not considered as a possible diagnosis by the military at that time, "not a common denominator" was how he put it.

Sumner said he feels that many people try to fight or ignore the symptoms or, when that does not achieve the results they seek, to isolate themselves: "It's such a complicated problem. And I think the trend for a lot of them is they just want to disappear, go in the woods and stay there" (Sumner, Interview 1).

### **Social Identity Reconstructed**

The participants shared a variety of examples of the change in identity in the face of trauma. For some, it was changes to self, a new self, perhaps more dangerous, more isolated. For others, it was a definition of strength in the face of dangers by observing the dangers experienced by others.

**Parker.** Introduced in his family home through the conflicts there and developed during his participation in sports, Parker applied such strict controls to his emotions that he became stoic, emotionally inexpressive:

P - I got to thank my dad to some extent. I mean, you really take a beating inside the boxing ring. And it's funny too, sometimes you'd compare it: this kid can't hit as hard as my dad. It's a terrible comparison but

I - And what would you feel, not your thinking 'cause you tend to be a thinker but what was going on in your gut when you would have that thought?

P - At that point I felt I was doing something that wasn't challenging enough and I moved up to the next.

I - Feeling a little arrogant? [smiles]. Just like a little, 'oh this guy is just a real little'

P - I was never like that, I was never, I was never one of those [laughs, sort of] dicks that you'd see saying that stuff.

I - No, and I know that you wouldn't because the discipline would come through. Or satisfaction, or just like what was going on in terms of feelings.

P - It just felt like I wasn't doing enough (Int. 1, L. 733-744).

When he began his mission in Afghanistan, Parker landed in an environment unlike anything he had experienced. Even as he and his troop mates were clearing their packs from the tarmac when they landed down in Kandahar they were under mortar fire, though there were no direct hits. He had expected that he and his unit of 16 would get some team-building and acclimatization training, but they were sent out the next day. Although they were on a combat mission, their first task was as part of CIMIC, Civil Military Cooperations, a liaison unit between

the Forces and the villagers. Later in his tour, he moved to more direct combat assignments: recognizance patrols and explosives diffusion.

The CIMIC work was in Panjwayi, a district in Kandahar Province; this area was beginning reconstruction, but nearby Helmand Province was then a hot zone with heavy fighting. For the civilians who lived in the area, the danger from the battles had them fleeing their homes and taking with them all the possessions they could stuff inside their vehicles:

You could see that vehicles or trucks in most cases, we called them like jingle trucks..., uh, they would overflow them with belongings to the point where it looked unsafe. Like the one I saw was just filled with sheep in the back of a pickup truck and they were stacked really high and tied down with rope, live sheep mind you, and I think a week later we saw just a bunch of dead sheep by the side of the road and a truck that had rolled over. [smiles a bit] It was really like, what world do we live in type situations. Yeah. Um, yeah when you see them taking everything they own it is usually a pretty bad sight (Parker, Interview 2).

**Mick.** School difficulties were the undoing of Mick's positive and confident sense of himself as a child, and the beginning of his negotiated new and darker social identities. School went from being "hell" to "a party" (Mick, Interview 1). And yet, he recognized that not for him were the school dances and social events, not for him were the rewards of academic progression.

The group of teens who collected at the train tracks with Mick were close friends. Mick has kept in touch with many of them over the years. Not all these boys ended up in the boys' school; a number of them matured, married, had families, began working careers. Others were

sent to the same reform school as Mick. Of this latter group, none of the boys emerged unscathed:

Oh I had some real cool friends, [Jack] was one, you know, he was my best friend and he's fucked today. He hasn't left, he hasn't left his mother's house probably since he was 16 years old, after he got out of [boys' school]. I call him every Christmas (Mick, Interview 1).

Mick also feels he is the recipient of an unwanted, unfair marker, that he has been stamped with a 'just a fuck-up' label, a person simultaneously dismissed and feared: "I always thought people were judging me right? 'Oh he's just a fuck-up' you know? 'He can't read and write.' 'He's dyslexic,' he's this, he's that" (Interview 2).

He has not completely let go of what he considers the darkest side of himself, the monster within. He believes his potential for good and for evil is equal. When he is anxious or stressed, he sees himself as a binary of protector and monster. He struggles with finding variations, with calming himself during stressful times. He still battles his propensity for violence and the overwhelming sense of release that violence brought him when he was young and just newly returned to society from the horrors of the boy's school. He says that he was called a sociopath during one stay in a mental institution and he has been afraid that this is true. He worries why he has not yet fully mourned the deaths of his parents; he questions why he did not cry at the birth of his son.

**Chris.** The belief that he was one child being manipulated by a 'pack' of predators gave Chris a sense of overwhelming shame and repugnance. He feels he was seen as a willing participant by the offenders, a contributor to the abuse. He did not reject the abusers and, as the

years passed, he engaged in more disturbing encounters with them, until he felt his very identity and humanness was discarded by them. He was alone. His parents did not protect him. His older brothers did not protect him. And, perhaps worst of all given his fighting to protect the underdog, he did not protect himself:

One guy even tried to get me in the shit house. You know, outdoor shit house, that's the one that bugs me the worst, that one. Showed me how much I -. Degraded! To this day, that's the one I can't get over. I'm having a hard, hard time with that. Yeah, another one, [fourth]. See that's the one I'm having the, that's probably the hump, that I never really thought about it till I just said that, that's the one I can't get over, why anyone would even want to try anything. Uhh, fuck. That's the one. Just where it was and I was nothing other than a piece of shit (Chris, Interview 2).

**Sumner.** When his symptoms became acute, Sumner changed from feeling himself a 'Rock of Gibraltar' to one unable to manage his emotions and his life. During a sad movie, his wife might cry; he would 'bawl uncontrollably' (Sumner, Interview 1). At a rally for families of soldiers, he would have flashbacks of all the pain suffered by those he had worked with. At a Christmas event, he would become excessively emotional. During his first hospitalization for what was diagnosed as depression, Sumner was prescribed four rounds of antidepressants. The symptoms worsened:

Well, that just looked like not being able to sleep, um just pacing the floor, couldn't sit still, couldn't eat half the time, uh would want visitors and then when they came I wouldn't want them. Yeah, and the other thing that was really tough was I would have people come through that psychiatric wing that I would know from other bases. 'Hi,



[Sumner], what are you here for?’ ‘Well, I’m here for depression.’ ‘So am I.’ ...And I’d have to watch them get better and I couldn’t? (Sumner, Interview 1).

## **Retraumatization**

Retraumatization occurs through insensitive or cruel remarks or actions, continuation of treatments that have proven ineffective or harmful, or a refusal to consider the needs and opinions of the person experiencing the pain. The participants described a number of incidents of retraumatization of themselves or others.

**Parker.** In a hospital established to provide care for combat veterans, Parker expected to see patients treated with respect and attention by staff and programs mindful of the injuries of combat veterans. Yet, there were a number of indications to the contrary. There are trademark trauma triggers that would affect many, if not most, veterans with PTSD: crowds and noise, some foods, and the smell of something burning. Parker said the dining area triggered many veterans. For him – and others – the woodworking program was particularly difficult:

The woodworking’s probably going to be gone. I think that was probably the highest trigger point of, of any place there. Different temperatures, sounds, noises, like, like even like uh, like I had a few flashbacks there too but... for me it was uh, it was actually when the, uh I don’t even know the name of the pen, it’s like a, it’s like a super-heated pen, I just can’t think of the name, yeah. Just like the burnt smells and smoke got me (Parker, Interview 3).

Staff behaviour was not checked and a number of them made comments potentially triggering for the patient being centred out, those within earshot, and the entire group attending that program:

There was a new, like inpatient came in. And he was like kicked out like a day or two afterwards or whatever 'cause he came in drunk. And like he was on suicide watch. But it was pretty bad when you could hear some of the, it's not all staff, but it's some of the worst ones are making fun of him, like placing bets on when he's going to do it [commit suicide]. It's not often I get too chippy about stuff, but I stopped them there and like you know, yeah, they were sending him home rather than trying to help him (Parker, Interview 3).

Single identifiers were used by some staff to represent the entire life of an individual. In this hospital, Parker heard staff refer to a patient as "alcoholic" or potential "suicide". Another patient was discharged without treatment because he came to the hospital smelling of alcohol; the reason given was that there was no detox unit. The person's claim that he had drinks before getting there to quiet his nerves was dismissed; he was labeled alcoholic. The labelling of people as representatives of individual sins - alcoholic, suicide potential - restricted treatment chances for all, noted Parker. There did not appear to be a focus on strengths-based therapy or trust in the patient's power to make treatment care choices:

They have a system that works, according to them. It only doesn't work on problem people which they try, they try to make it like you're a problem person. I'm not a problem person. I'm actually pretty easy going person. (Parker, Interview 3).

**Mick.** Many years after his experiences with the boys' school were past and Mick was living in contentment with his wife and sons, he was visited by two officials looking into reports of sexual abuse over a period of years at the boys' school. He was terrified that his secret was out, a secret he had not discussed in the years after his release. He moved his family after their

first visit; when they returned a few years later to ask again if he had been abused he signed a denial of abuse and threatened to kill them if they showed up again. But it was too late:

It was on the news every night and all my friends that I knew that were there were getting a hundred thousand dollars: ‘You should jump on the bandwagon!’ And I could’ve used the money, don’t get me wrong. I could’ve used [laughs, sort of] the goddarned money. Denial, right? ‘Nothing happened!’ But, she’s [wife] like um ‘Didn’t you mention that you were up there?’ I’m like ‘You shut your fucking mouth.’ She’d never seen that side, you know, and she seen that. She’s like Woah! (Mick, Interview 1).

More recently, just before our conversations in 2013, one of the former guards of the boys’ school was working at the halfway house where Mick was residing, and he told Mick how disgusted he was with the treatment of the boys. Mick was appalled the guard would have such insensitivity to the sufferings of the boys that he would openly address the subject during a casual smoke break. He had done nothing to protect the boys. Mick refused to deal with him after that, even though he had respected and liked him beforehand. When the officer asked Mick why his behaviour toward him changed, Mick replied, “You seen what happened! And you left. You just closed the door” (Mick, Interview 2).

**Sumner.** Sumner believes the Canadian Forces and the military in general needs to do a much better job of supporting and caring for the mental and emotional as well as the physical injuries of its soldiers. He had one psychologist who was very supportive and fought against the military decisions to send him too soon back to work:

I saw a psychologist for a year, once a week, who followed me and encouraged me, you know. He was just a whale of a person. He apologized for the medical system. He said,

Master Theme 2. Hypermasculinities: “You should be where I was!”				
	Mick	Parker	Sumner	Chris
<b>The resistant self</b>	- ‘When she was pregnant I was picking periwinkles... for 40 bucks.... And that was the happiest time’ (1:49)	- ‘I was the calmest guy you would see fight. It was almost scary how calm I’d be (1:39).	- ‘I was there in ’83 when there was a crash and uh we lost seven service people in that crash’ (1:13)	- ‘I think I threatened to kill him. I said, ‘I remember what you did to me’ (2:14)
<b>Buckling under the strain: Unable to protect self</b>	- ‘I hit the drugs and I was putting shit in my body that normal people don’t do... walking around like a zombie late at night’ (5:25)	- ‘It’s not, you know it’s never the ones you save that matter, it’s the ones you can’t’ (2:32)	- ‘I just learned to shut it down. And I think the hardest part was I witnessed [wife’s] pain when I was so sick and she felt so helpless’ (1:27)	- ‘They know about the time I put the gun in my mouth. I was, uh, eight. Eight or nine. The day they found I’d gone missing’ (1:17)
<b>Resistance cracked</b>	- ‘I’ll be laying in bed and I could have the perfect morning... and I’ll walk out there and I’ll find a piece of lego and I’ll jam my foot on it and say, ‘I’m not living this way’ (3:44)	- ‘I remember cleaning the blood, bone shards, and skin remnants from the inside of our vehicle. I was at a low (Pers. Comm)	- ‘It’s a funny call on that resilience sometimes. And yet you get people who seem to be coping and all of a sudden they just flip the opposite way’ (2:39)	- ‘I mean to survive, what I did, the bad side, I did to survive. Is all’ (1:2)
<b>Beginning signs of resilience</b>	- ‘I’ve been carrying shit around my whole life, and that day I just said, Hey man, I can’t fuckin do this no more. I can’t go another round’ (4:65)	- ‘I can handle the nightmares.... I can handle the flashbacks’ (2:60)	- ‘When your mind is going 90 miles an hour and you can’t stop it, then you know you’re vulnerable’ (1:28)	- ‘So we went to see this cop and I broke down in the corner crying and fuckin broke down. Broke me down’ (3:4)

“You know, we eat our own. ‘Cause I work at this hospital and I know people who worked with you and they said, ‘It’s the most disgusting thing the way we would treat

one of our own.’ ” But, we know that. We have what are called psychopaths in the world and they’re everywhere [smiles a bit] (Sumner, Interview 1).

He also recognizes that there are people in positions of power everywhere who are difficult and unfair and ill-equipped to do their job well. These individuals are found in every system and do not necessarily reflect the system. His experience as a healthcare provider, however, has been to build teams of others who, like him, believe in the individual’s right to support and treatment and ability to find recovery pathways.

**Chris.** Chris was retraumatized by a number of men over a number of years. The abuse by the vice-principal was set up in relational ways: buying hockey gear, driving to dances, getting him out of scrapes at school. With the other abusers, the set-up was situational, seemingly chance encounters following excessive drinking. As an adult, he pursued charges against the vice-principal. The RCMP officer shared a statement with Chris:

Even after he [abuser] went to court, the RCMP called me, ‘Well, he said he loved you.’ Can you imagine? They had to tell me that ‘cause it was in the [court] paper. I don’t think they had to but (Chris, Interview 1).

## **2. Hypermasculinities: “You Should Be Where I Was!”**

The participants spoke vividly about how powerless they felt in the wake of the traumas, how unable they were to protect themselves from trauma injury and also how they turned this sense of weakness, the vulnerable self, inward against themselves and, in the offenders’ cases, outward against society, through aggression, violence, and criminal offences. Further, their

inability to resist the effects of the traumas was embedded in the toxic masculinities and the cultures of stoicism and emotional numbness in the environments of the military and the prison. Sumner summarizes the struggles the men faced in managing their own conflicted feelings about their experiences when speaking about these environments with loved ones, in their reasons why everyday events did not have meaning for them: “You should be where I was!” (Sumner, Interview 2).

### **The Resistant Self: Stoicism**

All the participants had knowledge of what it feels like to be stoic; they understood the definition of stoicism: The endurance of pain or hardship without the display of feelings and without complaint (Oxford Dictionaries, 2015). They accepted it as a strength, something that embodied heroism. Yet, they also recognized that not responding emotionally to traumatic events was a signal for concern, rather than for praise.

**Parker.** Discipline is important to Parker; he is proud of his ability to maintain training, self-regulation, and control. In high school, he learned and excelled in martial arts, boxing, wrestling, and mixed martial arts (MMA). His control over his emotions and his breathing stood him well as he used this coolness under pressure to outwit and out-play his opponents:

I switched over to kung foo and kajukenbo, can’t remember when I got my black belt. But I mean I’ve been doing that for years and years now. I was the calmest guy you would see fight. It was almost scary how calm I’d be.... I could, I could count mentally in my head without looking at the clock how much time was left in the fight. Um and like I’d never, you’d never see me sucking wind through my

mouth. I'd always breathe through my nose. Even when it was broken I was still breathing through my nose (Parker, Interview 1).

He said he enjoyed fighting, not for the aggression and violence, but for the discipline and physical and mental health benefits that come with intense and aggressive sports. Parker's training allowed him to push himself but also to not disrespect an opponent. Although he might analyze a combatant's skill, he says it was only to challenge himself to do more.

Parker joined the army reserves at the age of 16 because "I've always just kind of had a respect for soldiers and I wanted to see what life would be like as one" (Parker, Interview 1). His first experience was an eight-week-long summer basic training in a facility that was "actually built off a prison concept" (Parker, Interview 1). The troubles he endured as a child in his family helped prepare him for this first training:

P - As soon as you were trying to get your stuff off the bus you had all these instructors yelling at you telling you to get your ass in there, screaming, swearing. Some people are already panicking and breaking down. And like, I don't know, I, it really didn't faze me. I knew what they were supposed to do, and I know how I'm supposed to react. But

I - Are you desensitized to screaming and swearing?

P - Yeah. It's not really a big deal. It's

I - Just part of family life.

P - Yeah. I mean, it doesn't really bother me if someone's screaming and yelling at me (Parker, Interview 1 ).

He was surprised to find that some could not accept the yelling from the instructors, the constant and seemingly unfair orders to run, or carry about large objects, or to have to wake up at night on an hourly basis.

**Mick.** There were three areas Mick discussed that reflected his image of masculine roles: a soldier for the bikers' club, an aggressive heterosexual lover, and provider for his family. In his time with the bikers he epitomized the numbed emotional responses of the street and the motorcycle club:

You don't rat. You know. We love you, you got to do some dirty work, but you know it doesn't matter what you do, we're always here for you.... I was 17 years old knocking out people that were 30. You know? I was the bouncer! 'Get the fuck out!' [laughs] 'Come back when you're sober you idiot!' Right, you know (Mick, Interview 1).

Mick strove to combat the homosexual abuse he endured by engaging in heterosexual encounters with women after his release from the boys' school. He describes using sex as an addictive and, at times, toxic response to his posttraumatic symptoms: as a way to express himself, a way of coping with stress, a way to forget about his shame:

It was just a lot of demons, you know? I would, I would fuck anything [after the boys' school]. I had to prove that I was a man and I still, to this day, I am a very very rough lover. I'm not gentle. (Mick, Interview 1).

However, when Mick married, his wife and her son provided him an immediate emotional stability and social foundation. From this base as husband and father, he was able to return to his own family:



I wasn't even allowed in the house. I wasn't allowed to talk to my younger brother because my parents were scared that I might give him dope. Or what not. But once I got married that all changed.... I got close to my parents again, and they got close to my kids and loved it. Like you know, nothing more happier than my mom being with her grandkids and my dad (Mick, Interview 1).

Three years after they were married, Mick and his wife had a son. There were problems with the delivery and for a while Mick thought he was going to have to make a choice to save either his wife or his newborn. He could not decide. He felt powerless. However, the child thrived. The family thrived:

It was good for years, it was like on cloud nine right? It was unreal. It was unreal. Like I was so uh [pauses] happy. I really and truly was you know? And uh, it just uh, it blew me away (Mick, Interview 1).

He was an advocate for his sons with their schools and teachers. He says he challenged any decisions the teachers made that led him to question the purpose and the benefit to, and effect on, his sons. Like Mick, his son is dyslexic. Unlike Mick, his son has been able to do well in school with the advances in education's understanding of learning exceptionalities in the past 20 years and Mick's own unrelenting challenge of the schools' decisions.

He did not turn away from his family responsibilities, even though he and his wife were quite poor. He had seen his parents' marriage work despite financial difficulties. He believed he could have a marriage as they had - based on commitment and a natural, if meagre, means of earning a living. But his joy in finding harmony in his life surprised him:

I felt like I belonged. You know? Like, and I worked my ass off. Making no money [laughs]. But I was happy. You know? When, when she was pregnant I was picking periwinkles on the Bay of [name] in the middle of December for 40 bucks and I had to hitchhike to get there and hitchhike back. You know? And that was the happiest time. Ahh man! She'd make homemade soup. We were living on nothing. She and I were living on a shoestring and you couldn't take the smile off our faces (Mick, Interview 1).

**Chris.** Chris pursued more direct lines of attack on his abusers. On the night of his last encounter with the vice-principal, after a dance, he threatened to kill him. It represented the last time he saw him:

Then I just jumped out, 'I'm going to kill you.' I was going to kill him. I just said that. It was after one fight one night. He was going to drive me home that night. I said, 'pull the car over.' I said, 'let me out here down at the [village] corner. And I said, 'if you don't let me out I'm just going to fuckin kill you here right now.' And I probably meant it. He must have known that because he let me out at the corner (Chris, Interview 1).

He has confronted other abusers as well, choosing to challenge these men on his own, rather than reporting them to the police and pursuing criminal charges as he did with the vice-principal. He would locate the men, usually when he was drinking, and make statements, such as 'Don't think I was asleep' (Chris, Interview 2) to one. To another:

I think when I was older I went drinking down there [in the village], I bumped into him. He was in [neighbour province] then and coming back on holidays or whatever and I think I threatened to kill him. I said, 'I remember what you did to me' (Chris, Interview 2).

**Sumner.** Over the years, Sumner and his nursing teams came across many types of injuries: crushed legs on a northern base that serviced the logging camps, a deadly heart attack in a young soldier, a pilot decapitated following a plane crash, three 18-year-old recruits “totally demolished” following a vehicle collision. This was peacetime and Canada. The victims had not died fighting the enemy. They died because of lack of care and attention, pilot or driver error, or mechanical malfunctions. Sumner said that as leader of the medical unit he believed his role was to be stoic, a ‘rock of Gibraltar’, in control and unaffected. Yet, this was a difficult task:

My journey took me to a lot, too many things, if you want to put it that way. Like, in [Western Canada city] I was there in '83 when there was a crash and uh we lost seven service people in that crash. And the thing is one of them was my head doctor's neighbour. Two nurses who I worked with closely, they were in the mess hall at one o'clock, just leaving, having their lunch with two of the aircraft crew. One-thirty, the two aircrew were in the crash. Those two nurses had to crawl through the burning aircraft and come across their friends or maybe even a boyfriend (Sumner, Interview 1).

### **Buckling Under the Strain: Unable to Protect Self**

The ability to resist being made vulnerable by people or environments or stressful situations was seen as important to the participants. At some point, each of them was unable to sustain his efforts. They observed different points where they recognized they were not maintaining control, where they were beginning to, as Parker described, ‘unravel’. They sensed their inability to remain resistant to the effects of the traumas.

**Chris.** Chris has never known protection, other than the efforts of his mother to look after her home and the four children and two nephews raised there. From a time before he was

old enough to attend school he was looking after himself. Yet, he also felt connection and commitment to his brothers and mother. Despite the neglect, the food insecurity, the absence of safety and security, Chris says that his family “saved me, protected me” (Chris, Interview 2). And yet, the very next sentence is this: “they know about the time I put the gun in my mouth” (Chris, Interview 2):

I was, uh, eight. Eight or nine. The day they found I’d gone missing, I was down at the harbour, down at the shore. I was done. I had it. I was being molested and I didn’t know, by the neighbour and the vice-principal. I couldn’t study in school. So, uh, I went and I took the 12-gauge and I took a bullet and I went down to the shore. And I sat there for a while and I thought about it and I thought about it. What the fuck am I living for anyway? I’m just going through hell. We got no money. There’s never any food to eat. You know, there’s never anything to eat. I wanted to eat. I don’t know what it’s like to grow up to have a full belly. Fuckin froze every winter, cold, I get cold thinking about it. Every year. So, I got the gun and I, uh, I put it in my mouth. I pulled, cocked the trigger, I pulled the fucking, it didn’t go off. Scared the fuckin death of me, oh my God, it was the fuckin scare of my life. I took another, I pointed it at a fuckin shithouse and pulled the trigger and it went fuckin bang and blew the door open, a big hole. Nine, yeah, eight or nine. I blew a hole that big in it. The fuckin gun went flying because I was too young to hold on to it. Blew a hole right through the fuckin, not the door, but right through the back and through the, through it (Chris, Interview 2).

**Parker.** Some of Parker’s traumas during that tour were ones of observation; endured equally by the members of his unit with him at the time. There were a number of times when

IEDs were set off very close to the vehicle he was driving, when his life and the lives of his troop mates were close to being lost. In fact, it was one of these that resulted in the physical injuries to him that sent him home. These incidents were part of the deployment; expected events in the life of a soldier in a war zone. Yet, they were not mentally prepared for the volume of casualties:

There'd be times where people would try and drive through vehicle checkpoints or not stop. There'd be, that's when vehicle-borne IEDs would come in, things like that, so there were times where you'd either have to fire warning shots or have to, uh, put them down. Um, [pause] uh when it came to offensive operations it was chaos. I mean, I, I don't know if you read the papers about sheer numbers, may have been 1500 casualties, something like that? Yeah, and that was over the course of, I guess, probably three, three days. So that's a lot to take in (Parker, Interview 2).

Parker's experiences of not being able to maintain his stoic and controlled responses to combat dilemmas affected him personally and deeply. He references these events as his failings more than a few times over the course of the interviews and emails: "It's not, you know, it's never the ones you save that matter. It's the ones you can't" (Parker, Interview 2). . When he returned home, he was in poor mental health in addition to the physical injuries he had suffered:

[After deployment] I really didn't have much of a control over [the symptoms]. Like I had to pretty much abandon everything that I did. Like the panic attacks or flashbacks were happening so frequently that I couldn't be out in public 'cause there'd just be so many, I guess, triggers. There's been times where I've been in class here this past year where I'm starting to be triggered and I'm trying to fight it off, like just doing different things, like focusing on my breathing, grounding myself, and trying to do anything to

distract myself from the thoughts. Uh, before it used to be just get somewhere safe and let it happen? That's not always a good idea either because, yeah. I've been hit by a car once because I was panicked and not paying attention. [smiles a bit] Guy didn't even stop. He just saw that I was getting up and sped off, like, real classy (Parker, Interview 2).

**Sumner.** Sumner believes the cumulative effect of years of tending to and caring for the broken bones and broken lives of people he knew, and the young, and the depressed resulted in his not being able to remain controlled or stoic:

And I think the straw that broke the camel's back, I had a, a corporal admin clerk that worked in our hospital. And he was having, I was helping him with his marital problems. .... So he went home [one day], had a few beer, and popped some valium and took his weapon and blew his own arm off. And his little four-year-old right upstairs, just missed him (Sumner, Interview 1).

That friend died shortly after Sumner got him to hospital. Years later, despite a supportive wife and sons in the military and his experience as a counsellor, Sumner tried to manage his symptoms alone. He recoiled against adding to what he considered was his wife's concern for his health. He was compassionate and open in his work with those he cared for and counselled but created walls around his own emotions. His efforts hurt his wife and children, he said, particularly his wife:

I just kind of used to use the term 'I'll fake it till I make it.' And a lot of times, in order to deal with some of these things is essentially I just did what I shouldn't have been and stuffed it. And my wife would get so damn mad, our marriage, you know, 'Tell me what

your hurt is.’ Oh yeah, I would say, to ‘What’s wrong?’ ‘Nothing.’ And I just learned to shut it down. And I think the hardest part was I witnessed her pain when I was so sick and she felt so helpless. So, I didn’t want to put her through any more. And rather than say it was there, I’d say ‘Fine.’ You know? And, and that wasn’t right. But, I mean, that’s your protective nature, and you don’t want to let on to other fellas, ‘Oh, you’re a weakling.’ You know, it’s that military, ‘Be strong.’ And so, it was a lot of avoidance that way (Sumner, Interview 1).

**Mick.** Believing that his marriage, family roles, and happiness were over with the opening of the investigation into boys’ school abuses, Mick could not manage his emotions or his posttrauma symptoms: “They opened up a, they opened up a wound that shouldn’t have been opened up” (Mick, Interview 1). After the investigators left the second time and Mick had signed the papers stating he was not a victim of the boys’ school abuses and he wanted no further involvement in the proceedings, he turned away from the life he had made:

You can ask my ex-wife. After they left, man, I hit the drugs and I was putting shit in my body that normal people don’t do. Right? You know. Like uh, like uh walking around like a zombie late at night, you know? Don’t even remember it, right? (Mick, Interview 5).

### **Resistance Cracked**

The theme of breaking and its associated concepts – breaking down, breaking apart – is the forerunner of resilience and the end of resistance to the stressors. This reflects a sort of crossing-the-barrier between resistance and resilience - the movement between stopping and moving forward, the beginning of ownership for the healing journey.

**Parker.** For the duration of his mission, Parker maintained his support of others around him, even joking with an injured soldier being transported back to Canada with him. Once he was home he hit “rock bottom” (Parker, Interview 2), fighting depression, insomnia, and suicidal ideations. He tried to cope by surrounding himself with drinking buddies:

I’d say the first month and a half I was home, the most accurate figure I could project probably would be like 20 grand in just drinking. [smiles, sort of] I was up at [bar], a place just close to my home. And I mean any one of my friends that could afford to take time off work I’d try to convince them to come drink with me. I’d pay for their drinks or do whatever it took to get them there ‘cause it was, yeah. I couldn’t sleep. I couldn’t function really without it. And it’s not that I was addicted [smiles]. People always kind of jump to that conclusion. It was more of an underlying process behind it. And whenever those processes were resolved, I didn’t need drink at all. I could drink however much I wanted at that point (Parker, Interview 2).

Within a short time he was hospitalized. He was unable to manage the flashbacks and generalized guilt, sorrow, and losses he had suffered during his combat mission:

There was a time when a roadside bomb had penetrated one of our vehicles. I remember cleaning the blood, bone shards, and skin remnants from the inside of our vehicle. I was at a low. Some of those men were roommates and close friends of mine for many years. I lost many friends on my tour. There were many civilian casualties. I lost [Michel], [Darya] and suffered many personal injuries. I have been broken so many times (Parker, personal communication, July 13 2013).



**Mick.** Unable to maintain his stable family life, Mick returned to drug use and pursued employment in another part of the country in positions requiring him to be away from home for months at a time. He began this phase by leaving the family home for days on end after little annoyances, things that would never have upset him in the early years of his marriage:

I'll be laying in bed and I could have the perfect morning... and I'll walk out there and I'll find a piece of lego and I'll jam my foot on it and say, 'I'm not living this way. I'm fucking out of here and I'll see you three months later.' You know, a normal human being would be like, 'wow, what a great day.' I gotta find something that I can get the hell out of here. That's jamming my thumb in the door. Or throwing a fit (Mick, Interview 3).

Mick believes his marriage lasted almost 20 years because he and his wife would be together for a few short weeks in between his work assignments and he never was confronted with the daily balance of family duties and child care and domestic chores. In his discussion, he identifies that he simply did not let his wife get to know him:

How can I offer any, another human being compassion when I don't have compassion for myself. You can fake it for a while but true colours – Cyndi Lauper sings it best, your true colours shine through. And when my true colours shine through people get scared. People run. People call the cops [laughs] you know, so, yeah, you know, like so I knew that. Did I love my wife at first? I think I did. You know. But it was infatuation, because she didn't know me. Didn't know nothing about me, you know. I was like a brand new slate, you know, and she never did get to know me. Because I went out west, had to go to work, and come back, it'd be 'oh, glad to see you.' Uh, great times! Well,

when it was time to get a little close, well, ‘I got to go back, see ya.’ You know. So we never ever had that. You know. (Mick, Interview 3).

**Chris.** Shame and defeat were built into Chris’s sense of himself from such an early age it is more difficult to pinpoint a point when he began to feel broken. He does not openly discuss, but suggests that he continued to engage in homosexual encounters after he left his village and lived in other Canadian provinces:

I’ve been around this world. I’m only 52 but I’ve been on my own since I was 13 and I’ve seen it and I’ve lived it and I’ve done it all. There’s nothing I didn’t do, you know. You know, there isn’t, there’s nothing I didn’t do. You think about it, I, I probably did it. But personally, good as well as bad, yeah. Yeah. But I mean to survive, what I did, the bad side, I did to survive. Is all (Chris, Interview 1).

**Sumner.** For Sumner, the shame was the result of his not being able to heal quickly enough. Through his struggles and those of others he has learned that recovery is not linear, that there are improvements and setbacks, and they will exist throughout the posttrauma sufferer’s life. He also provides a clear description of why resilience should not be applied as an individual trait, but rather as a process:

It’s a funny call on that resilience sometimes. And yet you get people who seem to be coping and all of a sudden they just flip the opposite way (Sumner, Interview 2).

### **Beginning Signs of Resilience**

In the worst of their struggles, each participant found a renewal point where they began to resist self-destruction, in whatever ways they defined it: criminal activities, suicide, crippling depression.

**Parker.** When he was first hospitalized, Parker was under a variety of medications.

Although he did not want them, he recognized their benefit in helping him to stay alive:

I'm not usually the type to approach like an institution with like an adversarial [perspective]? Like, if they want me on pills, I'll take the pills but, [smiles] like I told them it's, if you need this to work with me that's fine, but I don't need these pills to be okay. I can handle the nightmares. I can handle the lack of sleep. I can handle the flashbacks. I can handle the anxiety or depression. And I've got enough of my own ability to cope with whatever it is that I'm going through, and I've made it this far. If you can offer me any more tools, that's great, but I'm not going to artificially live by using pills (Parker, Interview 2).

Parker has continued to struggle with the stigma of a PTSD diagnosis; he knows many soldiers who have similarly experienced numerous difficulties after the diagnosis. In his view, the difficulty for the military is that it continues to view resistance rather than resilience as the only legitimate response to traumas:

Stigma alone in the military is still pretty well bred into you. It's, I mean they're doing things that they think are going to change the stigma, but it's really just changing the name, and the name will gain stigma. I mean it's always frowned upon if you're taking time off work or having to go to the MIR, the medic, um, so right there it's going to be terrible if you have PTSD. Um, again they try to, they try to really enforce things by promoting emotional hardness but not resiliency (Parker, Interview 3).

**Sumner.** In the 1980s and early 1990s, when Sumner was medically discharged for depression, the Canadian Forces was not routinely using PTSD as a diagnosis (English, 2000; Stretch, 1991). He was prescribed a number of different medications; none seemed to work:

When you're in treatment for depression, there's no magic bullet for it, and the way it is, if you're being treated by this psychiatrist, and often they're stuck: 'Well, we'll try this new antidepressant, or we'll try this one.' There's not one that works for everything. You could take one that helps you, wouldn't touch me. So, you're severely anxiety, severely depressed, and so you start taking this medication. They say, 'You'll notice in two weeks you'll start feeling better.' Well, when you're depressed you want to start feeling better in five minutes. Then they take you through that course. 'Well, sorry that doesn't work. We're going to have to start you on another one. And you got to wait another two to three weeks.' Well, I went on four of those. And I suffered terribly. And uh, so anyway, through different discussions, the uh the doctor said uh, 'we're going to try something. You don't have to do it but we think you should.' And that was to take shock treatments (Sumner, Interview 1).

Sumner's agreement to this form of treatment was a measure of his desperation at the time. As part of medical services, he had a negative view of shock treatments and the image of "being strapped down and zapped". But he did not know what else to do and, fortunately, the treatments were helpful.

**Mick.** It was in prison that Mick began to see opportunities for a more positive life than he had known in the past. For him, help came as a spiritual connection, a higher power as

defined in Alcoholics' Anonymous and the meetings he was attending. There he realized he could

<b>Master Theme 3. Resilience: "I've lived it"</b>				
	Mick	Parker	Sumner	Chris
<b>PTSD as the adaptive self</b>	- 'I didn't know how to handle what happened to me. The rage that I had. The hatred that I had. I did unspeakable things to animals' (2:12)	- 'It is a good thing that I am experiencing PTSD. If I wasn't, there would be much larger problems' (Pers. Comm.)	- 'Some of these guys will come back and maybe not, sadly enough, get PTSD 'cause they just don't give a shit' (2:24)	- 'In our village there was quite a bit of hangers there a few years ago. Hangings, yeah, people were hanging themselves' (3:1)
<b>The Other Side of PTSD: Loss of the Future Self</b>	- 'I'd probably be a different person as in the way that I feel about myself. I probably wouldn't have took so many risks because I didn't think I deserved it' (3:39)	- 'I'd wanted to be an RCMP, I'd been accepted and everything like that, but once I came home with PTSD that was revoked' (2:45)	- 'The tapes are just out of control and you're seeing people you grew up with and not, not a pleasant thing at all' (1:31)	- 'I'd just start drinking right on the job so they'd fire me. I never had the balls to just tell them I couldn't [write]' (3:7)
<b>Creating Place</b>	- 'I just want a little slice of heaven, nothing much you know, maybe a garage with an apartment over top of it' (4:11)	- 'That's why I bought the farm... it's 41 and a half acres' (2:57)	- 'I think the military is kind of a setting' (2:1)	- 'Sitting in the boat watching the harbour, the boats coming in.... It's free, but when I was younger it wasn't free.' (1:4)
<b>Redefining future: PT growth</b>	- 'Some of the best things that ever happened to me came out of those darkest hours, right?' (5:19)	- 'Just finding that one person a month, as long as I can keep doing that, and I can for the foreseeable future, it's enough to keep me going' (2:47)	- 'Sometimes I say I was cursed, too caring at times. But... you got to balance it because you have your own family' (2:7)	- 'I'd like to be given an opportunity to show people that. I just don't know if I can, 'cause I don't know what that really means. You know, I just want to, I just like to help people' (2:23)

no longer manage his traumas by ignoring them:

I've been carrying shit around my whole life, and that day I just said, Hey man, I can't fuckin do this no more. I can't go another round. I've been punched, kicked, punched, kicked again. I just can't do it.... It's hard to describe and I don't want to sound like a holy roller, or this, I don't know, you know whatever, but it was a fuckin goddarned well relief. You know what I mean, it was like whew! Why did I carry this for 30-friggin years? When I coulda just handed it to him, like I just did? Like it's kinda, it sounds corny, but it works (Mick, Interview 4).

**Chris.** While residing in a different province approximately 10 years before our conversations, Chris was depressed and suicidal. The police had been called to his home by the woman with whom he was living. The officer told Chris he was aware the latter had stayed out of trouble and was working since relocating. He encouraged Chris to accompany him to meet with a psychologist:

And I met this women.... So we went to see this cop and I broke down in the corner crying and fuckin broke down. Broke me down.... Ah, they looked after me, they put me in the hospital for a few days. They just wanted to keep an eye on me, I guess, 'cause I guess I wasn't in too stable a shape (Chris, Interview 3).

### **3. Resilience Explored: "I've Lived It"**

This theme explores resilience through a series of reflections by the participants that begin with their realization of the loss of their potential selves. From there, they move through an examination of their lost selves to new selves. As Chris states simply, "I've lived it" (Chris, Interview 1). Being alive and working towards a recovering sense of self may be an ultimate definition of resilience.

## **PTSD Defined as the Adaptive Self**

The participants provided many examples of their struggles with posttrauma injuries while maintaining that they felt their lives would be much worse if they had survived the same traumas and had not experienced the resulting posttraumatic stress symptoms. This personal sense of PTSD / posttraumatic stress injuries as a healthy, adaptive response to traumas so great that any other results would be much worse was noted by each participant.

**Sumner.** The image of the ideal soldier, Sumner said, may be viewed by the military as someone who will go through the most intense situations, and face dangers on a regular basis, deal with sleep and nutrition deprivation, experience the deaths of friends, and return home with no apparent emotional or mental injuries. But, “some of these guys will come back and maybe not, sadly enough, get PTSD ‘cause they just don’t give a shit” (Sumner, Interview 2). Sumner believes that, given alternative possibilities in soldiers, PTSD may be actually an indicator of health.

**Chris.** For all his seemingly passive approach to life, Chris is still alive. He says he has had many dark days and thoughts of suicide but he has not made a decision to kill himself and expects to live to an old age. He has plans and goals. He wants to get off his methadone program. He wants to stop drinking. He wants to live with a woman with whom he shares activities of mutual interest – cooking supper, going out for a hamburger, sitting on a fishing

boat. Many others in his small fishing village have killed themselves. He has speculated on the possible reasons for the unusually high suicide numbers:

C – In our village there was quite a bit of hangers there a few years ago. Hangings, yeah, people were hanging themselves. Ah, it's all our same age group, eh? That's why we want to get hold of the book [of charges against vice-principal] and see this list. 'Cause I got a feeling that

I - There are others.

C - On the list, yeah. And I, I really agree that, I agree a hundred percent that that's what's going on. The people that are scared to talk about it? They're the ones that are gonna die (Chris, Interview 3).

**Parker.** Parker says in an email that he believes it is a “good thing that I am experiencing PTSD. If I wasn't, there would be much larger problems” (Personal communication, July 13 2013). For him, the disorder is a symbol of his human response to horrible events and a sign that he responded to those events in a way that he recognizes as authentic and a measure of how he sees himself. In addition, he credits his training as a Canadian and not as an American soldier:

There's that dehumanization aspect of it too. That's how they're [American troops] trained. Uh, and I mean, granted that can help you pull the trigger but, it may even prevent you from feeling guilt or shame or remorse from it but, uh, [smiles a bit] I don't know if that's necessarily the way to go (Parker, Interview 2).

**Mick.** Mick reflected that posttraumatic stress symptoms actually signal an improvement in his behaviour. He explained that in his early years when he felt he was a 'monster' and a



‘demon’ he was not experiencing these symptoms. Despite their severity, he believes that knowing they are there, understanding what they mean, and acknowledging them has allowed him to deal with them:

My ex-wife knows when uh, when, when there’s a, when there’s problems going on with me, because I’ll usually end up uh, on the floor in one of my kids’ bedrooms. And she knows right then when that starts to happen that I’m going through a rough time in my life, you know. I just deal with it. There’s nothing I can do you know.... I guess it’s just for protection right, you know what I mean? ‘Cause when I get in that, I think that something’s going to happen to one of my kids, right? So I don’t let them out of my sight. You know, and that’s kind of a good thing in a way but kind of a fucked up thing in a way too. You know. But once I get doing good, and you know, can pay my bills and stuff like that, it, it calms down, they ease off, right? (Mick, Interview 5).

He described how dark his worldview became after his traumatization and why he believes that experiencing PTSD symptoms are a sign of coping for him:

[My parents] only wanted the best for their son. And money was not an object. And what they got was a monster. I hated my parents and I, and I told my mom and dad this story in in in a session one time. They were both sleeping and I had a gun and I was going to shoot them both. I was probably around 14 years old and I had a, I had a handgun and I walked in their bedroom and I pointed it. I was going to blow their fucking heads off.

This was after [the sexual abuse]. Because I didn’t know how to handle what happened to me. The rage that I had. The hatred that I had. I did unspeakable things to

animals. I tortured them. I nailed them to trees. I killed them. I was. And my dad covered that up because shit was missing in the neighbourhood and he discovered my little graveyard.... I was a, the, the kids were playing marbles one day and I took a cat's eyeball and rolled it across the deck. I thought it was funny (Mick, Interview 2).

Torturing animals and frightening other people in those first months after the boys' school released Mick's anger, allowed him to breathe, stabilized his emotions. He felt like a monster, like this was who he was. Looking back on those years, he finds it incomprehensible that someone nurtured in his family as he was, someone with what he feels is a strong and positive moral code, who is kind to other people and protective of the weak and the vulnerable could have caused such harm to small animals and to other people. He says he will never be able to understand the kind of mental disturbance that inhabited his thinking in that early post-release period.

### **The Other Side of PTSD: Loss of the Future Self**

For the participants, defining the traumas as a change in who they were as individuals, the 'death' of that self carries with it the loss of the future self.

**Parker.** His tour in Afghanistan changed Parker's life. His sense of who he was as a human being, member of his family, his community, his social networks had altered from one who was proficient, outgoing, and focused to one more solitary, disengaged, and physically restricted:

Well I had plans of a lot of different things before this. But right now I could try to continue with school and see where that takes me. At least that might open some doors. I mean [smiles a bit] I'm not going to be competing in any more cage fighting so that's,

that career is gone. Government sectors are pretty well gone. I'd wanted to be an RCMP, I'd been accepted and everything like that, but once I came home with PTSD that was revoked. I wanted to be a firefighter at one point. That's not going to happen either (Parker, Interview 2).

Parker and his girlfriend had dated for about a year before his deployment. As such, she would have been part of his military identity in the years of his training, of his success as a young reservist. But the relationship ended on his return home: hospitalized, suicidal, possibly alcoholic, withdrawn and depressed – this was not the Parker she had known. It was not the Parker that Parker had known either. Although he has not struggled with excessive drinking after those first months at home, Parker has continued to redefine himself, and this journey has been much more solitary.

**Mick.** Mick has missed a number of opportunities for personal and professional growth through the years:

I'd probably be a whole different person. You know? Uh, you know I probably, I probably would have still went down the road with the MC<sup>9</sup> and stuff, you know, but uh, I'd probably be a different person as in the way that I feel about myself. I probably wouldn't have took so many risks because I didn't think I deserved it. You know? Um, I probably would have had confidence to do things that my dad thought that I should do. Like my dad was never scared to do anything. The challenge or whatever it came to, right? I hate taking tests. Right, you know what I mean? I don't do tests. [laughs, a bit] that's why I don't even have a driver's licence. Not because I can't drive and I can't ride

---

<sup>9</sup> Motorcycle Club

my motorcycles. I'm a damn good driver. I drove across Canada numerous times. Hell, I drove a transport across. You know what I mean? [laughs, a bit] So they took my confidence. My ability to think that I deserved that piece of paper. They took it all away from me. Yeah, things might be different. Maybe I'd be a licensed electrician like my dad. Maybe I'd own my own Harley shop. Would have went to school (Mick, Interview 3).

However, Mick's losses are more than his potential for career skills, deeply though the above have restricted his life. Approximately 15 years after the investigators first approached him, Mick committed two robberies and was sentenced to a term of imprisonment in a federal penitentiary. When arrested, Mick asked to make a telephone call to his parents. His father was sick then with the cancer that would shortly be the cause of his death. His mother would die only a few months later. His father had wanted to die at home. Mick believes that it was because of the robberies and his incarceration that his father died in hospital:

The day that he really needed me? I was in prison. I wasn't there to go down and buy what he needed so he could've died at home. And that's, that's a rough one to take. You know what I mean? You know? So, I have a hard time with that. It still is, like, you know. My old man never asked much of me. And the one thing that he asked I couldn't do. And that's, that's pretty shitty (Mick, Interview 2).

His first and greatest hero has been his father. Mick looked to him for support and guidance, as teacher and friend, as therapist and mentor. However, he could not protect Mick from his trauma symptoms. Mick believes the robberies were like an explosion in him; the

shame and self-loathing and sense that he was a monster took over the hopes he had of finding happiness and contentment in life:

And I don't want to be a disappointment to my kids right? You know, they had a lot to deal with with their dad, an upstanding citizen at one time: the neighbours would, 'Hey, help me do a window, help me do this.' 'Oh my fuck, my dad just robbed a bar.' You know, like, 'wow, my dad just robbed another bar' (Mick, Interview 2).

**Chris.** Chris seems not to have experienced pre-trauma reference points. He has never known a time when he was not ashamed: of his family's poverty, or his father's drunkenness and cruelty, of his own sadness, of his vulnerability at the age of five and six to sexual abuse. Yet, he does sense that he should have had a different life:

And I know I coulda been somewhere too if I couldn't been fucked around, I knew I coulda went somewhere, I knew I coulda went somewhere. You know what, the thing is, knowing is the worst part. It's the worst part in my life is I know I coulda done anything anybody challenged me with, I coulda done anything. Anything. Now, I'm stuck out here (Chris, Interview 3).

Chris is functionally illiterate. He left his home province shortly after his final encounter with the primary abuser to travel to western Canada with some friends. He was 14 years old. He described an experience in a work setting when he was rewarded for his hard work and attention, and then he sabotaged a promise of promotion by drinking on the job. This is part of his difficulty – he has not retained jobs for very long. He would stay in a position for a short time and then get drunk and get fired. He was embarrassed to tell employers he is illiterate:

Once the paperwork come, I was scared. I couldn't spell 'cause I can't spell too good, so, of course I went to the old famous thing. Every time. Every time. Every company. Sabotage. Well, no, I just wouldn't feel bad, I'd just start drinking right on the job so they'd fire me. I never had the balls to just tell them I couldn't. No. I drank because I felt bad, yeah. I couldn't spell. I knew they'd catch on (Chris, Interview 3).

**Sumner.** When he was first hospitalized, the doctors prescribed him a number of rounds of antidepressants, but they only increased his symptoms. He knew that his illness would impact the rest of his life and he felt out of control in trying to manage it:

I'd force myself to walk and I'd walk around the gardens and the nice old buildings and the [mental] tapes are just out of control and you're seeing people you grew up with and not, not a pleasant thing at all, you know (Sumner, Interview 2).

### **Creating Place**

Geographers look to space and place as significant descriptors of the lifeworlds of individuals. For the participants, places held either adaptive or maladaptive importance in their posttrauma journeys. Part of recovery pathways for them involved the creation of safety and control in their environments. They looked to place to redefine life and explain goals.

**Parker.** Towards the end of the interview that took place the day before Parker returned to hospital for further PTSD treatment, he talked about a farm he had purchased a half hour outside of the city:

Trying to belong is probably part of what's wrong. It's trying to change me into someone that I'm not. Well, that part of me [smiles] is nonexistent right now. That's why I bought the farm. I bought, it's not a big, it's 41 and a half acres out in [small rural community],

and it's large enough that I'll never have neighbours. I'm more than content with being a hermit and just enjoying nature or reading scholarly stuff or whatever I choose to pursue. I do prefer the company of animals. I should say that too. The end goal, I would say, would probably be, probably convert it into a horse farm (Parker, Interview 2).

It is a sign of that fluid growth and strength that occurs when he makes plans and thinks about his options for his life. The fact that he has purchased enough acreage to avoid close neighbours reflects his awareness of what he needs for peace of mind at this time in his journey. He also believes that pet ownership is a belonging of sorts that for him would provide therapeutic progress and happiness:

For me it was animals. Generally. Dogs, horses, cats, it didn't matter. They were uh, well, they're excellent companions. It's hard to imagine a person being as happy to see you or as excited as a dog. Yeah. Even if you haven't done anything that they should be excited to see you about. They are. Uh, they're not judgmental, they're not, there's just so many impressively positive things about them. And you probably [smiles] won't ever get that from a human (Parker, Interview 2).

**Mick.** Mick identified closely with the significance of place in his life - from the damage to boys in the juvenile school to the comfort of his father's garage, from the surprisingly redemptive place he found in prison to the plans he has for his own garage. One of his places is actually not a physical location, but his motorcycle:

I got a '81 low rider right now. It's the last bike that we bought for the [local bikers' club] to auction off and uh it's a great bike, you know. It's got a wide glide front end on it, I changed the back rim to a 16, put a 21 front on it, put five-gallon tanks on her. It's

got flames all the way from the front fender to the back fender. And uh she drives like a dream [laughs] (Mick, Interview 2).

In his bike, Mick defines freedom, recovery, and goals. He feels hope most when he is in control, as he is when working on the motorcycle, or when he is using his hammer in building houses, or when he is fixing a carburetor. He knows that personal control gives him the energy to keep his long-term goals in front of him. Those goals include a place of his own where he can surround himself with the activities and the environment that he most trusts and enjoys:

I'm probably going to live the kind of life Dad had you know. I just want, I just want a little slice of heaven, nothing much you know, maybe a garage with an apartment over top of it where I can have my toys down bottom, and wrenchin and building things (Mick, Interview 4).

**Sumner.** Sumner and his nursing teams recognized the soldiers required more than physical care for injuries. His creation of place was to provide a safe location for the individuals in his programs to discuss the areas that were bothering them. They were facing issues of addiction, family problems, depression, and anxiety:

If, if little Johnny, you know, is five years old and by the time he's 15 he's heard a thousand times, 'You little bastard, you're no fucking good, you never will be.' Despite even giving self-esteem, you, you can improve upon it, but it always rears its ugly head (Sumner, Interview 2).

He began to work as an addiction counsellor in the early 1980s and, about the same time, a doctor friend took him on workshops looking at treatment of the newly-named posttraumatic stress disorder. PTSD was still very new as a diagnosis, and this was before his own



posttraumatic stress symptoms began to show themselves; he would not have diagnosed himself with PTSD in these years. During this time, he was busy training to be a counsellor. His intention was to not only give the soldiers some safety in discussing their issues, but a place and community where they could trust the others in the groups:

I've worked a lot with chaplains, you know, with dependent children and with youth groups... and working on psychiatric wards and of course being specialized in addictions in the Forces and also through that field dealing extensively with problems with families and a lot of that for domestic violence and spousal abuse, you know, all those things that we wish weren't in the world but are. So I think the military is kind of a setting. They say, well, there's no more suicide percentage in the military that there is outside. Well, I read differently (Sumner, Interview 2).

**Chris.** Chris has found both danger and safety in places, sometimes in the same place. For many years, he viewed his home village as a place of terror. He has come to also recognize its potential for healing:

I was sitting in the boat last week, just sitting there. The fishermen let me do what I like, I can do what I want out there, pretty well. You know, they trust you, so. Sitting in the boat watching the harbour, the boats coming in, looking across and just seeing how beautiful it is, beautiful spot. It's free, it's free, but when I was younger [smiles aloud] it wasn't free. I was hiding from everything (Chris, Interview 1).

### **Redefining Future: Posttraumatic Growth**

The participants all have found ways of reclaiming a future for themselves and setting some goals, making plans. These vary widely but all are goals they are capable of achieving.

Many of their plans focus on their need to care for themselves, rely on themselves, and undertake activities they enjoy. Some have set short-term goals that involve altruistic activities.

**Mick.** Even in one who has lived through multiple and horrific traumas, Mick expresses a positive side to those difficult times. He observed he would not have experienced the great moments of his life if he had not experienced all the other times. Out of his darkest hours have come some of his best memories and closest friends:.

I can't say, ah poor me and this and that. You know. I could be, I could've been the nerd behind the computer, right [smiles] like on the Big Bang, I don't know, you know what I mean? So, I don't regret nothing that I, you know.... Because some of the best things that ever happened to me came out of those darkest hours, right? I just, you know, like I had no choice in the matter when I was, when I was a young kid, that I was powerless. But what came after that, meeting my ex-wife and raising a family? Man, that's, you know, that's something nobody can take away (Mick, Interview 5).

**Parker.** Towards the end of his most actively suicidal periods, Parker began thinking of ways of getting rid of his financial assets. He began to process plans to atone for his feelings of guilt in the events in Afghanistan that led to his PTSD. He wanted to get his thoughts away from an overwhelming rumination of suicide and, at the same time, make amends for what he saw as wrongs that he committed. He began to make gifts of money to strangers:

I would try to get off on my own to try to find poorer neighbourhoods, look into things and how people interacted with each other. And I saw this guy playing with this little girl in this trailer park. And you could just see how, how much he cared and loved her. And

so I just wrote on the envelope, ‘good people deserve a break’ and I left it in their mailbox. And went for a run the next day (Parker, Interview 2).

His wanderings off on his own and putting money in envelopes to give to strangers has allowed Parker to feel a sense of calm, relinquishing of strain. Yet, he also understands this is an activity he may not need in the long-term to assist in symptoms relief. He recognizes it is a way of motivating himself forward, of providing something to another person, and giving himself something he can continue to look forward to, month by month:

P - And as, as awkward as it seems, just finding that one person a month, as long as I can keep doing that, and I can for the foreseeable future, it’s enough to keep me going.

I - Because you can now find your July person.

P - I already did. [smiles] I’m trying to find the August person now (Parker, Interview 2).

Parker is well aware that his altruism is self-serving. He wants to feel better. This giving on a monthly basis has worked for a number of years. It has become a habit:

It’s starting to become selfish almost because it makes me feel good about it. And at that point I needed something to make me feel anything at all because there was really nothing other than [expels breath] depression, I guess, and symptoms from PTSD. They were just crushing me (Parker, Interview 2).

**Sumner.** Important to his understanding of resilience and his recovery journey is Sumner’s awareness of his personal and his professional roles. He has learned over the years that caring for and supporting others does not mean he needs to be available to assist everyone. He recognizes that his commitments to his own health and to his family are paramount:

Master Theme 4. Belonging: “Everyone wants to belong to something”				
	Mick	Parker	Sumner	Chris
<b>Rejection of belonging: The isolated self</b>	- ‘I walk through life alone. Regardless. I could be in a room with 10,000 people and be all alone’ (2:17)	- ‘When I think of belonging I immediately reject it’ (Pers. Comm.)	- ‘What in the hell is she complaining about? You should be where I was’ (2:2)	- ‘Love nature, animals. Don’t like people a lot. [smiles]. I ain’t a people person, I don’t think’ (3:17)
<b>No support for communalization of grief</b>	- ‘Why didn’t they do that [counselling]... where there’s hundreds of kids, probably even thousands, to tell you the truth, went through those gates’ (5:23)	- ‘Well they definitely don’t treat you like [a hero], they treat you like shit. They actually withheld my promotion’ (3:111)	- ‘He’s grieving his support, the people he’s lost, and things like that..., the band of brothers’ (2:35)	- ‘I think three or four good friends sitting around talking... banks the job better than a big group’ (3:19)
<b>Groups that Harm? The Power of the Group Over the Individual</b>	- ‘Pedophiles stick together. And it’s sick. And it ran through our government like cancer’ (2:11)	- ‘Just about at every meeting we went to there was someone smoking or using opium or marijuana or hash. That’s much more commonplace there’ (2:18)	- ‘We’re the only organization that... made you go to these watering holes’ (2:14)	- ‘I don’t know if it’s like a pack. Do they hang out?’ (2:11)
<b>Renewed Identities</b>	- ‘If it hadn’t been for those hairy big-fatted long-haired dirty old bikers... God only knows where I woulda been’ (4:69)	- ‘They should treat you like people, not like you’re less than that’ (3:108)	- ‘Why did you join the Forces?’ ‘Cause I used to read there was zero tolerance for drugs.’ (2:41)	- ‘I didn’t want to attack anybody until I know at the last second if it comes down to the last crunch. But you know I’ve been in a few jails’ (2:27)
<b>Possibility of connections</b>	- ‘The more that I went the more that I learned. About me. And it’s like ‘wow.’ So I like going. I like to see the person that I’m becoming’ (2:4).	- ‘That’s over in Europe but the trauma therapy kind of works more in groups too’ (3:112)	- ‘A lot of them come from a family of adversity. And they choose a new family, a military family’ (2:33)	- ‘I need other people to get started, and still stay friends.... You always need a friend’ (3:11)

It was natural for me, I guess, just by nature, sometimes I say I was cursed, too caring at times. But, then again, when you can get over-involved in a person’s pain and things you

have to learn to disassociate from that. But still, as one lady said, 'Nah,' she said, 'we're the same. You know where I came from and I know where you came from. And uh we'll go the extra mile.' You know, it's not an eight to four job, if someone wants to talk and have a coffee. Well, then you can't just – you got to balance it because you have your own family, if your wife never came from that, you know (Sumner, Interview 2).

**Chris.** For Chris, growth out of traumas is something he imagines. Resilience is a word he does not understand. It is not the definition of the term that confuses him, but the meaning of it in his life and an appreciation of his resilience. He says he would like to feel he is a strong person and that he can realize goals and make healthy decisions. He simply does not know how to get there:

I'd like to be given an opportunity to show people that. I just don't know if I can, 'cause I don't know what that really means. You know, I just want to, I just like to help people. I know it sounds stupid and where I'm from but that's all I'd like to do (Chris, Interview 2).

#### **4. Belonging: “Everyone Wants to Belong to Something”**

The participants described belonging in numerous ways, as a complicated construct evoking conflicting emotions in them: from not wanting to be part of a group, to feeling different than others and thus unable to fit in; from drawing away from connections because they experienced harm from a group, to viewing belonging as a more advanced stage of recovery, a time when they would again feel part of and contributing to society. Mick expresses the dimensions of this theme in a simple statement that reflects, not what the traumatized do, but

rather what they believe or hope for: “Everyone wants to belong to something” (Mick, Interview 2).

### **Rejection of Belonging: The Isolated Self**

The participants describe a more hermitic self since their traumas, that their refocusing and post-trauma self occurs in isolation, and that their symptoms are intensified when they are in public. In addition to rejecting belonging by choice, the participants also expressed times when they felt isolated, in some cases even rejected by others. They believed they were different from others because of their experiences, and and they were fearful of being unable to manage symptoms.

**Parker.** During our conversations, Parker expressed a belief that belonging is not connected with his own recovery and that his outlook on belonging reflects the before-and-after of his social identity: from extrovert, leader, the guy everyone wanted to be around and have as their friend to the recluse:

When I think of belonging I immediately reject it. There is even a class here [at the hospital] on belonging. For some people having a strong sense of community and support network can be very helpful. There certainly is an enormous literature supporting it. Personally I enjoy solitude. I am aware that avoidance is a hallmark feature of PTSD. However, given my upbringing, solitude has always been helpful for me. I often feel most alone when I am surrounded by others (Parker, personal communication, June 08 2013).

He feels he is different than other people now, and says this difference comes out most when he is around many. “It seems like the more people I’m around the more alienating it is for myself. I, I know that I’m not like them” (Parker, Interview 2). The flashbacks and triggers remain, cropping up without warning. Parker says he maintains a guard against them and has developed some coping mechanisms to ward off flashbacks, both when he is in public and when he is alone. Some of his coping skills have contributed to his self-description as more solitary and withdrawn than he was prior to his deployment:

I have difficulty maintaining eye contact and I’m sure you’ve picked that up but I don’t know if I told you why yet? After one of the IEDs at one point there, like after that school there, uh, it just seemed uh, it was this little boy, actually, seeing his eyes, just basically so burnt they were almost liquefying out of him? Just every now and then when I’m a bit overwhelmed it’s hard to do eye contact ‘cause I mean it could cause a reminder or flashback or hallucination or whatever you call it (Parker, Interview 2).

He recognizes the benefits of belonging for combat veterans suffering with PTSD and isolated from community supports. He is also aware that isolation is a recognized symptom of PTSD and thus a marker for health professionals. When Parker was struggling with acute PTSD symptoms during the period when our interviews were held and preparing to return to hospitalization he remarked he had not been actively and regularly in touch with anyone from the army for a number of years.

**Chris.** Chris has a difficult time developing and maintaining a relationship with another human being over the long-term. For one thing, he has no story he is proud to share. He has no history he wants to discuss. He has no family accounts, no birthday parties, no graduation

dances. He does not have a group of friends; he may not have any. He talks about contacts from his home village or the cities where he has lived on a surface level. He has not found a world in which he can function. He has turned to professionals in addiction recovery centres and women with health issues to find connections with others.

Chris offers glimpses that he could become comfortable with a solitary lifestyle, that belonging to a group of people is not something that brings him solace and identity and esteem. He says his most trusted companion is his dog, and his hobbies include sitting on a bank by himself fishing:

My foxes are soon gonna come out, my bats. I love nature. I think I could also work with nature, eh? Love nature, animals. Don't like people a lot [smiles]. I ain't a people person, I don't think. You know what though? It's true. Not people. Like, if you find the right person to be around, you know you still got to go grocery shopping, you still got to go here, you got to go there, you got to do this, you got to do that. But far as shutting the outside world down, other than that, I could do that (Chris, Interview 3).

Chris does not seek out connections with others in the various groups that are established to support those with similar interests or needs. He has never been part of the service organizations active in his village. This is not surprising given his family's place in the community, his father's reputation as a bootlegger and alcoholic, and his abuse by community members, at least two of whom held positions of power. He has not been part of the Catholic community, again, not surprising in light of his abuse by one or more Catholic priests. He is also not part of the Alcoholics Anonymous or Narcotics Anonymous communities and says he "can't



stand” these groups. This would be an area of support for him and an opportunity to meet other people; he rejects that idea and rejects the organizations:

Been there, done that, both of them [AA and NA]. You know it’s not, [laughs] it’s just a, first of all, AA, anybody wants to know how big their story is compared to yours.

Seriously, how some people can’t see it don’t, like they go up the Big Book and the black book and this thing. Come on! Listen, let’s get talkin serious, and AA’s destroyed ‘cause of the drug population now anyway. AA is gone (Chris, Interview 3).

**Mick.** Mick is not a loner. He is a verbal thinker and likes to sort out difficulties through conversations. He misses his parents, and since their deaths he has no trusted place for transformative discourse:

I’m struggling with a lot because of my parents. My dad and mom were uh, my dad was like my psychologist. You know? And fighting good and evil? I do it on a daily basis. But my dad would even it out. You know? He, he would balance it you know. Like I spent a lot of time with my dad. We, from building houses, to doin everything right? Like he knew. You know? Like, yeah, [exclamation sound] oh yeah! And uh now without him, yeah, I yeah, I can’t go to the garage and shoot the shit and you know (Mick, Interview 2).

He is an advocate of belonging; he has felt part of the MC world and considers the bikers he knows as another family. He continues to have a positive and close relationship with his ex-wife and his sons. He has friends in the AA community and many close bonds with men he has known from his years in prison and the boys’ school. However, he goes back and forth between belonging as essential to the human experience and being alone even when in a group: “That’s

just the way life is right? I walk through life alone. Regardless. I could be in a room with 10,000 people and be all alone” (Mick, Interview 2).

This is also one of his conflicts, caught between wondering who in his life has accepted him openly and without conditions and who have had expectations of him, requirements for membership in the group – be it the family, the club, or the prison. a youngster, Mick often spent time alone. As an adult, he might leave his wife at home and go off on his motorcycle for days at a time. But these solitary explorations were not loneliness or exclusion; in these, he chose to be alone:

That comes from a young age. I spent a lot of time in the woods. By myself. You know?

I’d pack up the ATV and throw on the axe and I’d be gone three or four days. Didn’t matter if it was winter or if it was summer (Mick, Interview 2).

There is a difference for Mick between chosen solitude and forced isolation. The latter came to include exclusion; the former, a sense of escape. It is unclear whether all of Mick’s decisions to be alone were based on escape, but certainly this came to define the departures from his family and friends following the boys’ school. It was as if every time he was exiled from a chosen place – the school classroom, or his parents’ home, or his biker friends – he adopted a group of friends defined by place – the train tracks, the boys’ school, jail and prison. He found belonging within exclusion. Yet, he learned to feel alone in groups.

**Sumner.** Returning soldiers experienced rejection and isolation when they tried to reintegrate with their families, and they told of their adjustment difficulties to Sumner in programs and counselling sessions. Some veterans affiliated so completely with their troop and were so changed by the horrors of war they were unable to adjust to the expectations of family:

The other thing that... I've noticed it over the years is that the behaviour change in soldiers from prior to going to returning. That, that's a significant thing. And I see from a lot of young people or couples that I've dealt with that when the husband comes home uh he has a, a thin skin or decreased tolerance for the relationship he's in.... You know I come home and have a normal life but now the relationship, when you're over there and you see young babies dying and you see all of this horror then your wife's problems aren't significant any more. What in the hell is she complaining about? You should be where I was. You know? (Sumner, Interview 2).

The very event of returning home should be an area for counselling, both for soldiers from war and for offenders from prison, Sumner feels. He has worked most directly with soldiers but has also worked with offenders – usually former military servicemen – with addictions. He feels that there are similarities in the returning to civilian life for both soldiers from combat and offenders from prison. They are both coming from environments of aggression and violence, where human life is valued differently, where issues that impact people in everyday life – bills and children's activities – are not a consideration except in the memories of those removed from that society:

They're on the cycle of loss, and that gets anger, you go through that cycle, those stages really come out, you know, in that situation. And so, yeah, there's a lot of similarities in, in the reuniting with the families (Sumner, Interview 2).

The memories of home that helped sustain combat veterans and inmates in violent environments are not transformed into reality upon return to the community. PTSD symptoms exacerbate the sense of rejection and isolation, said Sumner:

I think that there is self-awareness. That your attitude changes. Maybe your spouse feels you're not the same person she married. You're angry, short with the kids. You know? You fly off the handle, little things you magnify. There's all these subtle traits come out? (Sumner, Interview 2).

When his own posttraumatic stress symptoms first started appearing, Sumner believed that to acknowledge them was to admit weakness, admit he was not strong enough to withstand the pressures of his job. For Sumner, in charge of the mental, emotional, and physical health of his team as well as the people to whom they provided health care, he was the one to support them all. He did not believe that he could be running to them to confess his symptoms and ask them for help. He could not go to his management because he feared reporting his symptoms could compromise the work of the team.

### **No Support for Communalization of Grief**

Most of the participants felt they were not supported by family or close friends to speak about their experiences. Further, all the participants expressed that neither the military nor corrections supported their need to talk about traumatic experiences with peers who had shared these experiences.

**Sumner.** The conclusion of a deployment often means the end of the soldiers' unit; some are returned to reserve units or a different base. Sumner said the combination of combat trauma and disbursement of the unit exacerbate posttraumatic symptoms and may be a precipitating factor for PTSD in soldiers no longer on the same base as their troop mates. For some, the loss is intense and lasting:

Well, so and so, he's not doing good. He stays up at the farm, doesn't do anything, and he doesn't want to connect with anybody. So, in a sense he's been given the family and the family's been taken away, so in many ways he's grieving his support, the people he's lost, and things like that, so and, and the band of brothers (Sumner, Interview 2).

More telling for Sumner than his own experiences with isolation were the effects on the soldiers he knew. Many believed the military did not care that they were processing trauma events and feelings of being rejected. He recounted a time when some soldiers came to him demoralized because they had been switched to another base or forced to leave the service:

I remember one guy who was so animated he just lost it kind of in the group. And he said, 'They took my soul away. My whole life, I wanted to be Airborne. That's what I trained for. And I finally made it. And I had the family I wanted, the support, and goddam it, those idiots misbehaved and they disbanded us.' He said, standing out in that parade square, disbanding, the officials saying, 'We don't need you anymore' (Sumner, Interview 2).

**Parker.** Parker returned from his deployment alone, with no military support or troop mates to help him process his memories, not only the ones he suffered alone, such as the deaths of Darya and Michel, but others that he experienced collectively with his troop. For example, he and his mates were struck by the people they met – young men who looked middle-aged, men in their late 30s who looked at least twice as old. There were many reasons: the war, the drugs, the heat, the air quality, poor nutrition, dehydration, the expected lifespan. The faces of the children were unforgettable for the soldiers. The children's interest in treats and games offered moments

of respite away from the combat operations or the reconstruction initiatives, and gave the soldiers personal connections with the people most affected by the war:

It's kind of amazing in some areas just to see children come running up to the vehicles 'cause you know they want to see you, they want to talk to you, they want [smiles aloud] basically to get any of your like uh velcro Canadian flags or things like that. It was different to see them have hope. 'Cause you go into some areas and it's just like a stone-faced resignation that they know that there's no hope for them. Oh geez, early. Six, seven years old and they already know that the world's not going to be fair (Parker, Interview 2).

Parker talked about the collective impact of the war on the lives of the civilians. They had lost homes and, in many cases, entire hometowns:

Like if you tried to imagine that happening here we'd be scarred but they're, they're a bit more [smiles aloud] used to it because this has been going on for so long. Just, that's the really messed-up part. I mean, humans in general, we can adapt to pretty much anything, despite how rough things get. But, uh, their idea of normal is nowhere near ours (Parker, Interview 3).

One day, five months into his tour, Parker was driving a vehicle along a road he had driven many times before. He knew the road well. On this day, he glimpsed something out of the ordinary, almost unnoticeable, dirt that looked fresher on one side of the road. He slammed on the brakes and the IED that had been intended to explode underneath the vehicle detonated at the front instead. The co-driver suffered a serious concussion and has enduring physical problems. The three in the back sustained whiplash. Parker had the most severe injuries:

Uh, these two fingers [left index and middle] are pretty much useless now, it's parasthesia, uh, just runs up to my neck. I've got a cervical strain, chronic, like it's not going away, it's caused nerve damage. Uh, post-concussion syndrome. Uh, couple of cracked ribs, but it might have been from before [smiles] 'cause I didn't get a chance to get checked out. And some lung damage, probably from the smoke. I had a broken nose. Uh, my nose has been broken so many times, not really that big of a deal [smiles aloud]. Yeah. Yeah, well from the concussion, I guess, frontal lobe [injuries], but yeah. I'm half of what I was [smiles aloud] is what I describe it (Parker, Interview 3).

Parker was medevaced out of the combat zone with another soldier who had sustained physical injuries. He tried to stay in touch with him following their return home but neither was managing well emotionally or mentally and the contacts were difficult to maintain. They would have understood the other person's struggles, though, and did not need to present a positive face to one another.

That was not the case with family members. Back among the struggles of his family following the traumas of his deployment, Parker tried to 'fake it':

For even when I wasn't doing well I still had to put on a face for my family. 'Cause for one, they didn't understand it, they didn't accept it, they, I mean when I was hitting rock bottom and I needed to be hospitalized when I came home? Uh my mom visited me; that was it (Parker, Interview 2).

Parker did not find support in his post-deployment contacts with the Canadian Forces. He was not provided with mental health support. Not only could he not debrief with his unit, he was faulted by the military for his illness: "Well they definitely don't treat you like [a hero], they

treat you like shit. They actually withheld my promotion. ‘Cause I was on medical category, so that’s one [more] shot in the nuts when you’re already down (Parker, Interview 3).

**Mick.** Mick’s victimization was part of widespread assaults on young boys in the juvenile school over a number of decades. An official government acknowledgement of wrong-doing to the group of victims would have been appropriate; the lack of response was shocking to him:

It just blows me away, there should have been counselling, right, you know what I mean? You know. it’s uh, it, it it’s a goddarned sin, you know. it’s a big thing now, kids going to school killing kids. And soon as something happens or a family member dies or what-not they have counsellors to deal with the whole, the whole school... Well, why didn’t they do that with these, these situations where there’s hundreds of kids, probably even thousands, to tell you the truth went through those gates [expels breath]. Why didn’t they just offer them, you know, once a week, here you can go down here and talk to this person. And whatever you say is tee totally confidential (Mick, Interview 5).

**Chris.** Given that Chris rejects group participation in general and remains socially isolated, he expresses a mistrust of being able to discuss his abuses with others in a group setting. Yet, he also feels he has benefitted from speaking to another victim about their experiences:

I think three or four good friends sitting around talking... banks the job better than a big group. You know, sit up and have whatever you want and do it. That has a hell of a lot bigger bang than, it’s, yeah, smaller groups, less people. You learn to trust each other (Chris, Interview 3).



## **Groups that Harm? The Power of the Group Over the Individual**

The participants all discussed a harmful, negative side to groups and belonging to groups. There were two levels of groups that evoked criticism: the groups that were obviously harmful, their purpose the domination and control and, in some cases, abuse of others; and the groups that appeared valued and honourable but containing an adherence to the group over the dignity of the individual.

**Chris.** Chris says he was abused by many men when he was between six and 13, all of them residents of his village. Among them were a couple of neighbours who were eight to 10 years older, and one and possibly two Catholic priests. He said he is still trying to remember the abuse situations and that he has only let himself fully engage in retrieving these memories in the past few years.

The first to sexually abuse Chris was his next-door neighbour. The abuse co-occurred with that from the vice-principal, from the age of six to 11. Chris believes that the two must have talked about abusing him as the neighbour was a teenager at the time and attending the same school:

I'd be, that had to be between the age of six and 11 because it was happening at school so it was almost like he told him, you know what I mean? Uh, I think [neighbour] might have been the first that way. Touchy feely, lay down naked stuff. I think it might have come from him first. But then [neighbour] was in school, so I think them two, being what they both were, I think they talked to each other. That's what I'm thinking, over the years (Chris, Interview 2).

In describing other men who abused him, Chris returns to his belief that the men who were molesting boys in the village must have discussed potential victims among themselves. This suggests a malignant form of connections among the abusers, a conspiracy theory, allowing them a source of victims and a way to provide each with protection:

I don't know if it's like a pack. Do they hang out? I'm actually fuckin wondering if they didn't, like, have these little meetings. You know what I'm saying? [The abuse was occurring] around the same time. But it wasn't just to me. It wasn't one of us. It was, like, 12 or 13 of us they got. And they just, you know, here to here to here, so. He'd be around for a bit, and then buddy'd be here, it'd be like sharing you (Chris, Interview 2).

**Mick.** Mick had a similar assessment as Chris of the group process involved in the decades-long abuse of boys in the reform school. While he saw belonging as a positive word, he struggles with it; for him it has a binary construction. On the positive side, he was attracted to the motorcycle club and that culture because it accepted him completely: "I definitely needed a family. I needed to belong" (Mick, Interview 4). On the negative side, belonging is tinged with evil, with exclusion, with secrecy, and with an honour code particular to the group:

To belong is to know that somebody, hey, we can go do something and nobody will ever know. You know? Do what you got to do to take care of business. Do whatever it is. You don't turn around and rat. Or write a book. You know what I mean? It's uh it's to belong. You know? (Mick, Interview 2 ).

His fears of groups centre on the powerful connections among police, lawyers, and judges in and around the city where the boys' school was located. He feels it would be impossible to have had abuse conducted for decades by multiple offenders - guards and wealthy

members of the public who showed up in “nice fancy cars” to “rent boys” - without a conspiracy that supported both criminality and silence: “Birds of a feather flock together.... Yeah. You know, and that’s, that’s, and I’m sorry I’m getting aggressive or or whatever. Pedophiles stick together. And it’s sick. And it ran through our government like cancer” (Mick, Interview 2).

**Sumner.** While the military as an organization provided a strong identity for the people connected to it, there was also a dangerous side to this identity. Sumner believes the danger is brought out when the group is more important than the individual. One of the features of military culture was troop morale and bonding - the ‘band of brothers’ image. A strong identifier with cohesion was alcohol consumption, an activity wrapped with significance over and above the action or the alcohol. It meant that the soldiers were alive, that they were with their base or troop mates, that there was an opportunity to relax. Prices of alcohol on military bases were very cheap, and there was an expectation that social gatherings would centre on alcohol. It was considered a matter of troop morale:

An awful trend, and I used to say it, the military as an organization for many years was centred so much around alcohol and booze. Party hard and party hard and they encouraged, you attend this happy hour on Friday. If you're not there - even if you didn't drink you had to go, right? So I used to make a statement: We're the only organization in Canada or company that almost compulsively made you go to these watering holes and if there was negative results then they persecuted you (Sumner, Interview 2).

Sumner shared other concerns about the apparent disregard by the military for the health of the individual around training. Of particular concern to him was the military's preparation of soldiers for combat, training that does not include sessions on mental health care or even, in the

later years of war campaigns, sufficient combat training: “We saw these young people coming out of the boot camp and they were going to be sacrificial lambs, sent over there, very little training. And then where are they going to be in 10 years?” (Sumner Interview 1).

**Parker.** He did not present personal negative repercussions from connection with any groups but Parker saw vivid evidence of the destructive impacts of group mentality on the Afghanistan forces. The national police and army carried with them a resignation to the dangers inherent in their environments and a belief that self-medicating with drugs was the only way they could get through their daily tasks. In addition, they were neither well-trained nor well-equipped for the enormity of their tasks. The combination of the drug use and the lack of training did not improve their chances for survival in a country torn by war:

Just about at every meeting we went to there was someone smoking or using opium or marijuana, it's, or hash.... One of the meetings we went to actually um there was several Afghan national police and army members there and they said they don't think they could do the job without it. 'Cause some of the areas they were in and they weren't lying, they were dangerous spots. And can't really fault them for that but it doesn't make them the most reliable (Parker, Interview 2).

### **Renewed Identities**

Despite the problems inherent in groups - the collective valued over the individual - the participants looked to groups as ways to confirm or develop identities. For some, the groups were composed of others also socially excluded; these groups offered unconditional acceptance. For others, the groups were mainstream; their attraction was to provide a sense of citizenship and positive identity.

**Mick.** Mick's association with groups he considers positive in his life has common themes: that they showed adherence to a set of principles, that they supported the underdog, that they accepted him without judgement. He believes he was rescued from a life of uncontrolled rage and violence following the boys' school by a member of a local motorcycle club. The bikers, the 'MC world' welcomed him in:

I definitely needed a family. I needed to belong. I needed structure in my life. You know, I was, I was a young teenager, tee-totally fucked in the head. And if it wasn't for these hairy big-fatted long-haired dirty old bikers that didn't take the time and showed me, 'Hey man, let's rip this motor apart.' Or 'hey, let's go do this. Let's go clean this field because we're having a big party.' You know. Well, I woulda been, God only knows where I woulda been. (Mick, Interview 4).

The bikers were achieving what others could not: Mick had become more mentally and socially stable, despite his involvement in a world of after-hours bars and drug dealing. They accepted him as he presented himself, asking nothing of him except that he follow directions and pull his load: a street soldier.

He considers a soldier to be a protector, but not the kind of protector that he was of his children when they were experiencing learning problems in school. The soldier in him is the "bang bang shoot em up" person (Mick, Interview 2). In his soldier protector role, Mick purchased painkillers from street dealers in order to keep his father at home in palliative care, as per his wishes, rather than in hospital. In the same role, he brought his friend joints of weed to help ease his pain when that man was in his last stage of dying from cancer. A street soldier can be defined as being in a 'life or death' environment.

There is a kind of dark and reckless romance that Mick sees in the street soldier. He said he would like to have lived in an age where the street soldier defended the highest social classes:

I look back and I wish that I'd lived way back when, you know what I mean? We're called rebels and outlaws and menace to society. Back in the day the king and queen came to people like us to protect their castle. Shoes on the other foot now, right? We're a dying breed. You know. Look at the Vikings right? The warriors, right? You know what I mean? So yeah, I'd like, I've always liked heavy metal, I've always liked you know 'for whom the bell tolls' and 'fade to black' is a lot about me. (Mick, Interview 3).

Mick moves directly from a discussion about street soldier to how strongly he holds his union membership and believes in the struggles unions have taken on through the decades in order to achieve rights for workers. He says his father and his grandfather honoured their union memberships in hard financial times, and he has carried their teachings into his own union behaviours:

Can you imagine where we would be today if the union movement didn't come? I'd be working for five dollars a day while these other corporations are getting rich.... I was born and raised union. And uh, my grandfather cracked heads in the Dirty Thirties when they train-loaded them in. You know? I hate scabs. And uh, that's just me, right, you know, so. I remember in the 80s, when postal went on strike my dad wouldn't mail in his unemployment cards. Point blank. No money. I seen my dad driving to [neighbouring province] to buy booze because [home province] liquor was on strike. You know, we just don't cross picket lines (Mick, Interview 5).

**Sumner.** Sumner said he knew soldiers who joined the military to finding a new identity after a criminal lifestyle:

I found a lot of people coming in to the military, you see at one time the criminal record was hard on that and then it relaxed. And I had one chap there and I think he murdered somebody one time and did time, you know. There was, there was a lot of guys coming in, and you know I'd say, 'Well, you obviously, you know, what you shared as your home life was bad and all this. Why did you join the Forces?' 'Cause I used to read there was zero tolerance for drugs.' And he says, 'I think there is more drugs in the Forces than where I left [prison]' (Sumner, Interview 2).

Those coming from stormy pasts were not striving for fame and wealth in a military profession, said Sumner; the basics, a new identity, and some buddies on the same mission met their requirements.

**Parker.** There would be a variety of programs and services and opportunities Parker would offer PTSD sufferers if he was running a program:

It's not a one-size-fits-all program. I think to be, you'd come in, and they'd offer you a wide range of things that you could choose to go down. Like, if you want to try art therapy, go ahead and try it. If you don't like it, you don't have to continue doing it.

There should be some things that maybe you should do and they might try to push those on you. But it shouldn't be: do this or there's going to be repercussions. Um, it's really the attitude that they go into it with, I guess. Um, they should treat you like people, not like you're less than that (Parker, Interview 3).

**Chris.** Because he has found confidence during periods of incarceration, Chris has looked to confinement for safety and for ways to assert himself. In this passage, he presents not only as hypervigilant, but also one who believes he has status in this space:

You can live or die in jail every day. In that you could die every morning you get up, you could die. I had a guy, just last time I was in there come up, big guy from [other part of province]. I had a pencil in my hand, done in, [sharpened to] a tip, I was going to stab him right in the eye, I mean that's, 'cause he was much bigger than me, and you don't enter another person's cell. And I'm 52. That's the guy that was drinking his methadone and selling it to the other guys. Nobody liked him. They would have liked to have seen it happen. But I had to wait and listen to what he had to say. I didn't want to attack anybody until I know at the last second if it comes down to the last crunch. But you know I've been in a few jails (Chris, Interview 2).

### **The Possibility of Connections**

The participants expressed that they were not sure about being able to involve themselves fully into a social network and committing to a group, but they did say they value connections, defining those as groups not dependent on their membership but still open to accepting them.

**Mick.** One of the groups that has helped Mick find some support for his addiction and trauma recovery is Alcoholics' Anonymous. Initially, discussions about a 'higher power' in AA meetings left him uncomfortable until a friend suggested this could mean "a God of your understanding, whatever you want it to be" including the "greasy old mechanic" (Mick, Interview 4) Mick visualizes as his idea of God. The concept of a higher power was difficult: "I



had a hard time with it when I was younger because you know they preached God and Jesus Christ to us and then they jumped up and down on us” (Mick, Interview 4).

Today, Mick defines himself as a recovering crack cocaine addict. He started using crack while working in Western Canada and it was not until these interviews did he make the connection between beginning to use crack and being notified that the primary and most notorious sexual abuser in the boys’ school had been released from prison to a city not far from his work camp.

Shortly after beginning to attend AA meetings, Mick found that he was starting to feel better about himself:

I’m thankful for my friend. I didn’t want to go to AA or none of that. I was like, ‘Man, I don’t have, I’m not those.’ And he dragged me there and the more that I went the more that I learned. About me. And it’s like ‘wow.’ So I like going. I like to see the person that I’m becoming. I don’t even know where that’s going to take me right? I just know that I don’t want to hurt people (Mick, Interview 2).

He realizes that he has been self-destructive since his boys’ school days, that he has gone through life believing he did not deserve happiness. He says he is a people-pleaser, and he would spend his days working and involved in the lives of his wife and children and thinking he was happy. But he feels his happiness was not real, because “on the inside I was screaming” (Mick, Interview 2):

That’s where drugs come in, right, you know? Especially cocaine. Cocaine’s a [laughs sort of] wonderful drug, right? You can have the worst day in your life and uh, a little bit of cocaine and man, that’s a miracle drug in my eyes, right? You know? But it takes you

down that path that you get dependent on it. And then when you don't have it you want to commit suicide (Mick, Interview 2).

He does take his growth day by day but acknowledges that beginning to feel better does not mean that he rejects his old lifestyle, his longstanding beliefs, or that he will never have bad days. However, he relates two new positive gains from his AA involvement: "I get self-esteem. I get hope" (Mick, Interview 4).

Mick has also accepted the 12-step recovery process and is going through the step-work to gain full advantage of participating in AA. There are a couple of steps with which he struggles: Step Five: Admitted to God, to ourselves and to another human being the exact nature of our wrongs; and Step Nine: Made direct amends to such people wherever possible, except when to do so would injure them or others. And yet, his father's advice returns again to guide him:

Making amends to to people that, that you hurt that, that you're truly sorry right? And I can't make, I never really, I left a lot of [carnage] behind. Did I hurt people? Of course I did. I did a lot of dirty shit that, you know, normal people just don't do right? But a lot of them deserved it so I'm not going to lose any sleep over that. I lose sleep over my mom and dad. And, and uh, I remember he told me, he said, 'the best way to make amends is to be a better person. Every day that you're not out doing crimes or hurting people, you're making amends to your parents.' And that really, that really hit me like a 2x4 on the side of the head right? So when I wake up in the morning, you know, I say a little prayer that, hey, let's have a good day and we don't want to hurt anybody today, you know (Mick, Interview 4).

**Parker.** Despite his rejection of belonging in PTSD recovery, Parker sees a benefit in group sessions. There remain barriers to overcome in supporting groups as a therapeutic response to traumas. The military's rejection of therapy groups demonstrates the stigma around PTSD, a sense that the sufferer does not have the emotional control or the 'stiff upper lip' to handle such pressures on their own:

You don't want to be in a social group like that because you're still afraid of being seen as like a, weak. So it's um, still frowned upon. Yeah, groups really have to be much more structured, yeah. I've seen like a graded system before where it kind of starts off one, then you kind of work into groups of just veterans and then eventually it's veterans and their families and then veterans and families and community. But, I've never seen that here though. That's over in Europe but the trauma therapy kind of, kind of works more in groups too, and it can be pretty, you have to be stable before you go to trauma therapy? Like it's kind of like the final step 'cause if people are talking about heavy topics and you're not stable it'll set off other people and just be a nightmare (Parker, Interview 3).

**Sumner.** Sumner believes the family is so essential to the ability of the soldier to manage both achievements and struggles that for the soldiers without strong family connections the military becomes a replacement. It is informal, sometimes gradual, based on common experience and contexts. It is never arbitrary or inconsequential. And when a soldier is discharged from the military for PTSD, other mental or physical injuries, or when he is moved to another base there is a loss that can be damaging and contraindicated of recovery:

A lot of people that I find come into the military, and you'll get that some of them, what attracts them to the military is they, they have a sense of belonging. A lot of them come

**Table 5**

**Master Theme 5. Changing the Environment: “You Got to Make This Right.”**

	Mick	Parker	Sumner	Chris
<b>PTSD as response to horrors</b>	- ‘My friend... was rented out. People would show up in nice fancy cars and you go away for the weekend’ (2:10).	- ‘One of the worst mistakes I made... I pulled out his wallet and saw that he had either a wife or girlfriend’ (3:56).	- ‘Not much wonder these guys were alcoholics and over at the Legion and shit-faced for years’ (2:10).	- ‘It’s a mean fuckin world. But it ends up, it’ll destroy all of you, it’ll destroy everything on you. In the end, it’ll destroy everything’ (1:47)
<b>Recognizing expertise and strength</b>	- ‘We’re not going to offer you no counselling. Just sit there and be good.’ Well come on bud’ (5:37)	- ‘If I gave them my opinion on something... they told me I was kind of inciting others’ (3:8)	- ‘Here’s what Ottawa says we’re supposed to teach today.... What do you want to do this week?’ (1:24)	- ‘They try to tell you how to do it, how to fix yourself. How can they tell you how to fix yourself? They’ve never even been there’ (2:1)
<b>Hearts and minds: Dignity and respect</b>	- ‘One guy actually broke his golden rule and he did a lot of time.... I trust him with my life and I know that he trusts me with his’ (2:16)	- ‘The idea of ‘hearts and minds’ [smiles a bit] doesn’t, uh doesn’t start off with retaliation’ (2:21)	- ‘You have to have discipline. Is it dehumanizing? It can be’ (2:20)	- ‘You know, go to work for a decent paycheque, go home, ‘Hi, I’m home.’ ‘What do you want for supper?’ ‘Okay, I’ll cook tonight’ (2:23)
<b>Recovery is not an event</b>	- ‘There ain’t no rainbows or pot of gold at the end or unicorns. I don’t have rainbows coming out me arse either’ (3:41)	- You would lead [the horse] through some kind of uncomfortable places that you wouldn’t want to be, and you’re trying to calm them down in the same way you have to be calm yourself’ (3:102)	- ‘That was about three years ago and just terrifying because I was living that nightmare’ (1:22)	- ‘That gets me out of myself too when I start buying gold and silver. Like, I got stuff in the house now, you wouldn’t believe the stuff I got in my briefcase’ (1:51)
<b>Social responsibilities</b>	- ‘They didn’t buy houses. They didn’t buy cars. They bought drugs. And then they became drug dealers. And a lot of them died’ (3:23)	- ‘If we’re just throwing money at it it’s no guarantee... it’s even going to help’ (2:17)	- ‘My dad lived that war every weekend, starting Friday night, sober up and go to work. And nightmares. And screaming’ (1:11)	- I think that they did admit to the Vatican... and that the Vatican, the Catholic religion, has forgiven them and not to say another word about it’ (1:1)

from a family of adversity. And they choose a new family, a military family. A lot of them will join young. And say to me, I still have friends who say, ‘I don’t know how to do anything else [Sumner]. I joined when I was 17.’ (Sumner, Interview 2).

It is the camaraderie, the belonging, the ‘band of brothers’ that lets young soldiers, still in their teens or early 20s leave base camps in conflict zones and do their jobs every day, says Sumner.

**Chris.** While rejecting group activities, Chris does speak with animation about his self-employment ventures, when he has bought and sold jewellery, carvings, stones. Chris sees his connections with others primarily through the help they can give him:

I need other people to get started, and still stay friends, be a friend and that, but also, I need probably one or two friends. You always need a friend. You know what I mean? I got good thoughts in my head, I know I can make it. And my friend in Toronto even said, he said, ‘[Chris], if you could just get it together buddy, you got what it takes’ (Chris, Interview 3).

### **5. Changing the Environment: “You Got to Make This Right”**

The participants all described the need for changes - from themselves and their attitudes and thoughts to broader social changes in institutions and structures that uphold discourses of power and control at the cost of human dignity and life. They challenged the power of institutions and control over human lives: “You got to make this right” (Mick, Interview 3).

## **PTSD as Response to Horrors**

The four recognized their symptoms of PTSD as a realistic response to horrific events and betrayals, not just to themselves but to many others around them who had faced similar or worse traumas.

**Sumner:** Perhaps the most cogent discussion of PTSD as a healthy response to truly severe traumas was provided by Sumner. Frequently during our conversations, he spoke of heroism as he saw it in the veterans of World War II when he was a child and in soldiers he counselled in his career during both peacetime and conflict. He has battled his own posttrauma injuries for many years, beginning in the 1980s and as recently as three years prior to our conversations. He feels that all who live with PTSD from combat or childhood injuries should be shown respect rather than stigma from the public and health care providers for the multiple traumas that led to the disorder:

I think I always use as a benchmark is my youth and my own journey relating to veterans here. These guys that were my hockey coaches, these people I saw staggering drunk down the road, and someone would say, ‘you know, he was a colonel in the First World War and he was gassed’ and he was this. He used to ride a bike and he’d fall off the bike and he was coming from the Legion. I saw this as I was growing up, passing our house. And then, you know, you start thinking back and saying, ‘My God. Not much wonder these guys were alcoholics and over at the Legion and shit-faced for years.’ So now, do

we want to see more of that or do we want to, you know, hundred and twenty deal with this PTSD thing (Sumner, Interview 2).

**Parker.** Even without the experiences of losing the little girl and his interpreter friend and the destruction of the school, Parker said he might still have returned home with PTSD. The symptoms likely would not have been as severe but he felt like he was “unravelling” (Parker, Interview 3). The cumulative experiences of being in a war zone where people on both sides were being killed on a regular basis was unnerving, even for the most highly trained and most effective soldiers. I asked him what it was like to have to kill another person, apologizing for doing so, realizing that it was a question he might have been asked often, that it sounded gratuitous, and it felt invasive:

Well this is, you know, the right setting to do that in. When I first got back I used to get that question all the time and I’d just say, you know, ‘I’d rather not talk about it.’ I’m okay with it now. Yeah, there was a lot of fire fights over there. I don’t think a week would go by without one. But sometimes it’s like us getting fired at and we’re under some sort of a little ambush or fire fight but they’d never last for long periods except for a couple of the operations that we had which would last, like, 18 plus hours. So, it, like I’ve no idea how many. It’s one of those things you just get grossed out thinking about. Some of them, I mean they would have been the same age as me or younger. And uh, no some of the, one of the worst mistakes I made [smiles aloud] was actually going to check uh afterwards. And like I pulled out his wallet and saw that he had either a wife or girlfriend, things like that. I was like ‘fuck’s sakes’ (Parker, Interview 3).

**Mick.** The most extreme examples of abuse that Mick endured during his three years in the boys' school happened not to him, he said, but to two friends. They represent not only the extent of harm done to the children but also the dismissal of hundreds of children over the span of decades by a collective of officials paid to protect them:

I'll never forgot this, guards brought in the dog and made [one of the boys] have sex with it. In front of everybody. Could you imagine? [10 second pause] And he's dead now. He hung himself in [Maritime city] (Mick, Interview 2).

Boys from the facility were picked up in large black cars and returned at the end of the weekend, unable to sit down to eat their meals:

Not me but my friend... was rented out. People would show up in nice fancy cars and you go away for the weekend. And when the kid comes back, especially if you were small and young, you were just a fucking mess. We all knew what was happening. When a kid can't sit down at mealtime and eat, well, there's something wrong (Mick, Interview 2).

A senior politician was found by police in his hotel room with young boys from the facility in their underwear, but was charged only with possession of hashish. Some of the boys are serving life prison sentences. Some have died from drug overdoses or suicide. His best friend will not leave his mother's house. No one was left undamaged:

If you weren't sexually abused you were mentally abused. Who ties you to your bed naked and leaves you there to shit and piss yourself for days on end? While all the other kids look at you and laugh (Mick, Interview 2).



**Chris.** Chris has not known safety or security in his lifetime. His siblings have also realized the consequences of early abuses: The youngest died at age 34 of drug and alcohol use. This brother and an older one were molested; the latter will not tell Chris the name of his abuser. Yet another brother is serving a life sentence for murder; his crime was committed when he was 17.

Chris talks about survival in terms of vulnerability -- it doesn't matter how tough one is, the memories are always there, hiding, ready to be opened up. It becomes a kind of vulnerable survival -- of existing while waiting for the next strike. He fears the flashbacks and triggers; they influence his definition of self, and are blocks against recovery and stable relationships:

C - There's more to this story than that. I mean, it's not a story, it's true but as you get older, even 20 years old or whatever, you'll do whatever it takes for money sometimes, you know what I mean? There's more to it than that. It follows you.

I - Tell me more about that.

C - No, not today. It just follows you.

I - Okay.

C - This is a thing that follows you, no matter what. It's a survival, I can't explain it right now, I'm not ready to but

I - Sure, I understand.

C - There's more survival kicks in there than you know.

I - And once, and once a part of you

C - It's there. It's fuckin there.

I - Yeah

C - And it doesn't matter who you are, how big you are, how tough you are.

I - And once you kind of shut that part of your heart down then you kinda try to leave it buried and then that alone

C - You can leave it buried but you can open it up pretty quick too

I - Yeah.

C - That's the problem. It's a, like, kids today, [aside to dog]. But it's a mean fuckin world. But it ends up, it'll destroy all of you, it'll destroy everything on you. In the end, it'll destroy everything (Chris, Interview 1).

### **Recognizing Expertise and Strength**

The participants called for a change in approach to mental health care by professionals to recognize the skills, the knowledge, and the expertise of those battling mental health issues, such as PTSD.

**Parker.** The Canadian Forces hospital offered a more targeted level of care than Parker received from any of the other hospitals where he has been a patient, including mental health centres and another national hospital known for its PTSD program. In particular, he felt the health care professionals in his home province do not have the training or interest in dealing with individuals with PTSD: “[City hospital psychiatric] unit’s uh shameful, would be the way I’d describe it, how they treat patients. And [Provincial psychiatric hospital]’s worse, in my opinion. You’re inmates there, you’re not people” (Parker, Interview 2).

And yet, his post-residential assessment of the professionalism of the staff in the Canadian Forces hospital following his return in 2013 was not complimentary. He felt many of

the administrators and health care experts, including the psychologist, were burnt out and aggressive and confrontational with residents:

If I gave them my opinion on something, it was usually, um it was usually trying to expand on something they had put up there and other people didn't understand? I tried to make it a bit more relatable for others. But uh, yeah, they told me I was kind of inciting [smiles] others. Okay, I guess I just won't say anything in class. Yeah. It was a class on forgiveness [smiles] and I had to laugh. Like, I said like I've done my [degree] thesis on forgiveness. And they asked me what a [degree] was? I was like, oh. Uh. Yeah. (Parker, Interview 3).

During an exchange with a hospital worker, Parker witnessed the use of power by workers over patients:

I thought it was actually really funny the first time I refused to do something. Uh, a group outing to some sort of botanical garden. Like, it was just a nightmare for some of the patients there. There were three or four of them that had flashbacks and they all seemed to be triggering each other uh, but because I had refused to go they would kind of just pester me about it. I said, like 'I'm here under my own free will, I'm not here, like this isn't a prison.' And, and it was funny too, 'cause like afterwards, the guy that I was talking to, he was saying uh, 'why are you angry right now?' 'Okay, I'm not angry right now [smiles] but that's a terrible question to ask anyone [smiles aloud] especially if they're not angry. You're just triggering.' 'Well,' he said, 'you seem angry to me.' Are you really trying to make me angry, like do you know how to talk to patients? (Parker, Interview 3).

Parker feels that, for the most part, Veterans Affairs Canada (VAC) has served him well. If he has a criticism of VAC, it has been around what staff have not done rather than what they have done: an absence of action:

The only complaint I really had, well not just about the system itself but more the ways it's run 'cause I think there's a lot of flaws with it but, is that it does kind of play off of your ignorance? It doesn't inform you of what you're either entitled to or what you should be doing, or looking into. It, uh, if you don't ask you're not going to know about it, like whatever programs. I didn't realize that [inpatient PTSD programs] were even options until [psychologist] told me. Yeah (Parker, Interview 2).

**Chris.** Treatment of alcoholism or of childhood sexual abuse cannot be authentically accomplished by those who have no existential knowledge, unless they spend a long time talking to and listening to those who have lived the addiction or lived the abuse:

They try to tell you how to do it, how to fix yourself. How can they tell you how to fix yourself? They've never even been there. They're going from a government manual, alright? They're going like 'you must do this, you must do this, you have to do eight weeks of this, you have to follow up eight weeks of this, and you read this every day.'

Like, give me a fuckin break alright, I'm serious, give me a break. It's so childish (Chris, Interview 2).

Chris believes that professionals can learn from the traumatized and the addict, and he spoke of long conversations he had with a doctor attached to an addiction program in one of the provinces he resided:

We were in there having a talk about methadone and everything. Everything. And she just said she was amazed the way I lived my life and everything else. Yeah, I'd give her the whole thing. She couldn't believe it. She wanted me to write a book on my life. I said I'm not writing no fuckin book about my life. She said well you should. I said who's it gonna help? She said 'Me' (Chris, Interview 1).

**Sumner.** The military has had negative press regarding its attention to the mental health needs of returning combat soldiers. Sumner believes that in some ways this institution has made major strides forward in improving the job it does to provide care, particularly through supports such as the Family Resource Centres. These are relatively new, not in existence 10 years ago when Sumner and his teams were working to develop programs and practices in support of those in the Canadian Forces. These resources and the teams who are part of them, including soldiers who have been diagnosed with PTSD, are part of a recognition by the military of the value of experience in supporting service personnel who are suffering from combat stress injuries and other mental illnesses, including addiction.

Sumner's team pushed against the rigidity of the traditional addiction assessment process that prevailed in the military. Addictions counsellors described to him their procedures when a soldier did not fully meet the diagnosis of alcoholism:

Here's seven criteria. If he meets them we'll send him for a 28-day treatment program. If he doesn't, we tell him to wait till he gets bad enough.... Say Sgt. Bloggins come in. I'll do these assessments but he's shy a couple, you know, he's borderline and you can't really make the diagnosis until you have this. So I'll suggest to him, I'll say, 'Sgt. Bloggins, you go do a tour in Germany where beer's

50 cents and wine's 60 cents a bottle. And,' I said, 'you come back a walking alcoholic and then I'll help you' (Sumner, Interview 2).

Resilience for Sumner means understanding his strengths as well as his vulnerabilities, or as he says, "gifts and missing pieces." Sumner knows what he is talking about when he develops programs to educate and offer treatment to soldiers struggling with their own traumatic experiences:

We're all just human beings. And what sucks in life? And how can we help? So you go around the room... and in five minutes you got three people here for the same reason.

[laughs] And they migrate to each other for the week (Sumner, Interview 1).

Today, Sumner still works as an advocate and educator. Regardless of his audience, from colonels to civilians, he uses case histories, "the face of people" to show what PTSD looks like and how it impacts and changes the life of the sufferer and his/her family. This has proven effective as he is usually met with after his session by one or more who tell him they have the same symptoms as the people he described. "It's a way of reaching people. And that's always been the challenge" (Sumner, Interview 1).

**Mick.** Most of those who spent portions of their childhoods in facilities such as the boys' schools or reformatories were abused and end up in prison, in Mick's view. Given this, the correctional system is not trusted; it forces situations that do not contribute to community safety or offender reintegration. Mick explains that he was in a halfway house that also had a couple of men convicted of sexual crimes against children. He did not see how putting victims in with perpetrators contributed to the safety of anyone:

Because if you got a person, especially if a person just got done doing a decade. You know. They got to say good-bye to all their friends that they just had, you know, you make bonds in prison regardless if you don't think it's going to happen or not, it's going to happen. So you just said good-bye to your family there. Now you're back out, after a decade. Now you got to deal with Diddler John, Rape-hound Billy, which for 10 years those people don't exist. You know what I mean, and if they were around they learned in a painful way that they got to go. So how do you expect a man, freshly out of that craziness to come in, say, 'okay, now you've got to come in and have dinner with Rape-hound and Diddler D.' And don't react. And we're not going to offer you no counselling. Just sit there and be good.' Well come on bud (Mick, Interview 5).

### **Hearts and Minds: Dignity and Respect**

The participants all discussed, from their varied perspectives, the conflicts and tensions created when military, corrections, healthcare, and education systems emphasized management at the cost of dignity and respect for those individuals who populate the institutions. The military has incorporated a "hearts and minds" approach among its strategies for successful combat outcomes by winning over the civilians of the other side through aid programs and rebuilding efforts. In a prison environment, the idea of "hearts and minds" is also used, often among inmates. In these two environments, where violence is supported, "hearts and minds" means being able to act with honour, consider the lifeworlds of the people against you in conflict, and convince people of your point of view by creating conditions of understanding.

**Parker.** There was a code in the Canadian Forces mission in Afghanistan – among the rules of engagement – that soldiers were not to fire into an area that might have civilians within,

and not to fire at anyone unarmed. That the Taliban did not adhere to that code, that they in fact used civilians as shields, and that even other nations participating in ISAF (International Security Alliance Force) were less ethical in their conduct frustrated many soldiers who respected the code. Parker was frustrated; he saw the need to be guided by concern for civilian safety. Perhaps unusual among his troop mates, he also appreciated the power imbalance in the two sides in this war:

I mean it's going to come to a point where [smiles aloud] weapons aren't going to be effective any more. It's going to be mindsets and I don't think they understand the gravity or the impact they're having on those mindsets. The idea of 'hearts and minds' [smiles a bit] doesn't, uh, doesn't start off with retaliation (Parker, Interview 2).

Parker discussed his awareness of the vast disadvantages experienced by the Taliban with rebel soldiers, poor equipment, and few resources against the weight of the world armies. This would be an interesting discussion at the level of nations and the ways that conflicts are resolved. But this is a study on posttrauma recovery, and the discussion is at a level of individuals:

Some of the people that I've talked to here think it's just monstrous that they [the insurgents] could inflict civilian casualties. But what choice do they have? They're outgunned, they're outmatched. Uh so tactics like suicide bombing and IEDs, like roadside bombs, that makes sense.... There'd be people who were hired by the Taliban or just doing this out of fear, but they would shoot the outpost, not us, and they'd drop their weapons and run. 'Cause they know that our rules of engagement are you can't shoot an unarmed um insurgent. The Americans weren't quite like that. There was a lot more investigations with them (Parker, Interview 2).



**Sumner.** The needs of the collective take precedence over the needs of the individual in battle; at the same time, Sumner wants the military to recognize those individual needs. Training focuses on combat, on weapons, discipline, unwavering obedience to commands, stoicism.

Sumner accepts the place of aggression in training, the need for discipline and orders:

S - I'd say, 'yeah, communication skills for what you guys are doing.' You know. Would

I say to you if I was your leader, 'Oh, would you like to go in battle today?' you know.

You'd get your goddam ass in gear and scream and yell. Right. It's a fine line ....

I – So do you think the soldier training is, in a way, a dehumanizing training?

S – It can be, yes. Yeah, there's aspects. It depends. It's not an easy thing to train individuals especially in combat arms, for where they're going. They're going to the front lines. And you have to have discipline. Is it dehumanizing? It can be (Sumner, Interview 2).

Concurrently, he argued with combat instructors there is another area of training for soldiers, one also essential to soldier survival: "And right from the get-go we said, 'You do the army training. That's yours. We're not interfering with that. But, we just want to give coping skills.'" (Sumner, Interview 2).

**Mick.** Peer support groups such as AA have provided help to Mick as long as there is a member of the group who has shared his life experiences. He has also found trust and honour within the prison environment:

Yeah there was a couple of guys that I'd trust with my life. You know? Uh, one guy actually broke his golden rule and he did a lot of time, you know? Usually when a newbie comes in you give him 90 days to see if he's gonna bullshit, you know? I got in a fight

with three guys. You know, I got all fucked up. Didn't bother me none; it ain't the first time I've been beat. But he liked the way that I handled myself, you know? And we became real good friends. Yeah, I trust him with my life and I know that he trusts me with his. You know, straight up (Mick, Interview 2).

Mick did not trust those who worked for Correctional Service of Canada. He did not offer any examples of duplicitous behaviour, and his mistrust may stem from his boys' school experiences, yet he has seen no reason to trust the staff:

You know I go see a shrink because they want me to right? And uh I don't talk about none of this horseshit, you know.... He uh, you know, I get no confidentiality with the man right? He gets to tell, go back to my parole and tell them everything I just talked about. And that's, to me I don't see how that system works. My parole officer wants me to get better, but yet she wants to know where the hell that I've been. So she can say, 'Well, I'm 26 years old and I think he's gonna relapse so we better lock him back up.' You know, I just go in there and I feed them shit (Mick, Interview 5).

**Chris.** Dignity and respect are among the words Chris can define but cannot describe. Even Chris's choices of criminal offences seem to reflect his response to a community that never cared about him. He broke into the shops and houses of fishers in his home village where fishing was the primary industry, a community bound to this way of life:

Just, fighting, drunk, probably 15, and then 16, 17, after I come back from [Western Canadian province], break and enters, break and enters, break and enters. [Fishing Village] area, out that way, uh, buildings, stealing uh, mostly coins, I knew where they

were, [in] fishermen's buildings, uh, [Fishermen] Brothers, that kind of stuff (Chris, Interview 2).

### **Recovery is not an Event**

The participants are aware their struggles with their posttrauma symptoms will last their lifetimes. Many of them relate recovery to a process similar to that espoused in addictions recovery, that, as Sumner says, it is on a continuum: there are times when the symptoms are more manageable and other times when symptoms overwhelm them.

**Sumner.** Sumner was first hospitalized in the 1980s. He has learned over the years that tears and flashbacks and other symptoms will hit him when most unexpected. More than 30 years passed after his first treatments:

For a while I, I took antidepressants for a while and that was keeping me going. And then it just kind of, you drifted away. So, then I'd go on another 20 years and not sleeping, you know, just, just on and off and then all of a sudden I just went flop again. And, that was about three years ago and just terrifying because I was living that nightmare. And I couldn't believe it. I was back there. So I had to get help here. It was, it was tough (Sumner, Interview 1).

**Parker.** Parker accepts that life is fluid and feeling more engaged in daily activities is possible for someone with PTSD, including him. Yet, his self-criticisms and sense of failure supersede his ability to emotionally and cognitively attend to the suggestions of health care professionals to find meaning in the traumas. He is not willing to take this step at this time:

For me trying to find meaning was difficult. I stopped believing the world was fair a long time ago. I have had to bear witness to some trauma that still shakes me to this day. A

thing I struggle with is reinterpreting events in more positive light. I hold myself accountable for my actions or inactions. I am not an ideal patient for doctors or mental health professionals. It is not that I am hostile or approach treatment with an adversarial role. I believe that reframing events is a way of letting myself off the hook for what happened (Parker, personal communication, July 08 2013).

He calls his PTSD something that has “crippled” him, inserting a weakness and vulnerability into his life where it did not exist before, even given his difficult childhood. He feels “shaken” and unable to engage in the cognitive and active process of rehabilitation and reintegration. His life is damaged and solitary; he says he is unable to sustain and support personal relationships and that he masks the severity of his symptoms when he is in contact with others.

However, in a sense, knowing that truth is not a fixed concept but something that can be reworked or manipulated might be a sign of growth and recovery. His generosity to others is not a new identity: extending from early childhood when he was looking for small bits of change to add to his mother’s wallet to sickening himself to assist Afghan civilians: “I forgot about giving myself GI [gastrointestinal infection] so I could have prescription meds which I would then give out to Afghan families in need. A rampant but overlooked problem over there” (Parker, personal communication, July 18 2013).

Awareness that this focus on others may not be beneficial to him in the long-term is growing in Parker. He is able to accept suggestions from the hospital staff that his giving money to strangers has been “toxic”. Contributing to his improvements in symptoms management are

opportunities to work with, and be supported by, animals. At his psychologist's suggestion, Parker began equine therapy. He found a natural talent for working with the horses:

Usually I can pick up on anxiety in other people pretty well. It's how I notice it in myself. But with horses I had no idea, I couldn't read them at all. Like they were doing things like, you would lead them through some kind of uncomfortable places that you wouldn't want to be, and you're trying to calm them down in the same way you have to be calm yourself to do it. Uh, I thought they were just really anxious 'cause they were laying down. I thought that was just like a complete submission, like the fight or flight or freeze, I thought that was the freeze? But she was saying, no, this is the most comfortable they've ever been with someone. Laying down, that's their most vulnerable (Parker, Interview 3).

Parker believes that working with horses and other animals is therapeutic for any sufferers of PTSD. He also believes that specially-trained companion dogs are impressive in the care they give and the sense of safety they provide:

They're pretty impressive. They pick up on your anxiety symptoms and they can remind you when to take pills, to eat, to go out, just do things to ease your anxiety. Um, they keep like a barrier between other people, like crowds and you. Uh, it's, they'll check a room. Like, they'll clear a room for you..., from things you'd [smiles] irrationally be afraid of like guns or, or whatever, like it's, yeah, it's impressive really (Parker, Interview 3).

Parker has found that maintaining his core sense of himself as caregiver and protector allows him to realize positive growth:

Knowing that there is still good in the world, despite how broken and unfair it can be, gives me some small measure of peace. It is enough for me to continue. The pattern seems to be finding purpose beyond myself (Parker, personal communication, July 13 2013).

**Mick.** Mick describes his recovery in terms of transition and internal conflicts, between wanting to make a better, more successful life for himself and returning to a self-definition as violent and aggressive protector of the weak and vulnerable, even if they have not asked for protection:

M - There ain't no rainbows or pot of gold at the end or unicorns. I don't have rainbows coming out me arse either. No I'm uh, I accept who I am.

I - Do you like who you are?

M - Of course not [expels breath]. Of course not. You know, there's always things you wish you could change. I don't like hurting people. You know. Even though that I enjoy it. But that's, you know

I - You don't like that you enjoy it.

M - Yeah. You know that's uh, no that's a hard pill to swallow, right, you know? Even though it is what it is, right? (Mick, Interview 3).

He believes the monster still rests inside him. He also believes his father continues to influence his healthy decisions to work with his hands at construction or motorcycle and vehicle repairs, to live a simple life, and to not hurt people.

He has learned to recognize when his posttrauma stress symptoms become acute and the reasons behind their return:

And a lot of it has to do with feeling sorry for myself too, right, having self-pity parties right? I'm good at that, I can throw those parties just better than anybody right? [laughs] I, you know, I've struggled my whole life right? Over this, over this shit right? I never know when it's going to come. You know what I mean? You, you go by years. And it doesn't even register. But now with this [news of a city councillor charged with child sex crimes] and [primary abuser from boys' school] all being brought up again and how they're fuckin comparing them, I noticed that... I, I woke up in my cell on my floor. You know, so, so yeah, it just comes and it goes (Mick, Interview 5).

Prison provided Mick the environment and the time to stop using drugs and to start considering more redemptive identities and narratives. When he was in prison he found a spirituality that he accepted. Now, outside of prison, he continues to set positive goals but, yet, remains apprehensive that they might be taken away from him:

I know where I want to go, you know what I mean? My little slice of heaven and shit like that but uh am I going to get it? I don't know because something could happen.... I really couldn't answer that and say this is the road that I'm going to stay on [but] it's the road I walk every day. That's why I leave it to my higher power. You know. I honestly believe that he ain't going to throw nothing in my way that I can't handle. And I hope that he doesn't start doing that any time soon [laughs] (Mick, Interview 4).

More recently, he has realized a change in his outlook on the world. He says one of the things that defines contentment for him right now is getting up early in the morning and feeding squirrels near his apartment building. He is beginning to appreciate natural life and beauty around him rather than seeing it, as he once did, as something to be destroyed:

Used to shoot them [squirrels], you know. Like, yeah, just a, I was the type of person I would stomp flowers just to stomp them. You'd have a nice rose garden, well I'd be in there ripping the hell out of it. And now I found myself taking the time to actually smell the goddamned things. And it's just uh, like the other night I watched two robins and I'd never ever seen it before but they were, it was foreplay. And they were jumping. But they wouldn't hit the ground but they'd just hit their wings and go back up and it was neat, it was neat to watch (Mick, Interview 4).

**Chris.** When Chris describes finding jewellery and beads and carvings, his narrative shifts from disappointment and dissatisfaction to a competence and a confidence not found elsewhere in the interviews:

That gets me out of myself too when I start buying gold and silver. Like, I got stuff in the house now, you wouldn't believe the stuff I got in my briefcase. I got a, stuff worth a lot of money. Hand carvings, all stuff to do with - I got the Inuit artwork, I got the Ojibway, I got, there's one carving of a seal I got, it's called a balance piece. It rocks, but it's solid wood, one piece, hand-carved (Chris, Interview 1).

It is the search for treasure that captivates Chris. He does not want to carve things himself. He does not want to make jewellery out of the stones and the beads he finds. He simply loves the discovery. It presents as the one strong interest in his life.

### **Social Responsibilities**

The participants discussed the continued harm done to people around the world by governments and institutions not willing to monitor and evaluate broad rules in place to fix complex social problems.



**Parker.** An enduring frustration for Parker is the practice of the Canadian Forces to invest money in community reconstruction and development projects in amounts too small and projects too inconsequential to have any sustainability. Going through the motion of consultation with the village leaders became a measure of control and power on the part of the military heads. For the soldiers, however, not being able to follow through on the results of their meetings with the village leaders because of funding decisions was something that eroded Parker's faith in the process and in the commitment of the military to reconstruction and rebuilding efforts:

Going back to the PRT, the Provincial Reconstruction Team. I know they [Canadian Forces] were doing all they could and doing what they thought was right. But uh for the most part when you went to like a jirga or a shura or uh, meetings with villagers they would explain their problems or how they could be fixed or things like that and a lot of times they had good solutions to it. Uh you know, but we didn't always have the funding for it so it was kind of disheartening I guess to see them, uh, [laughs, bitterly] see them get that hope only to have it crushed? Especially when you really wanted to back it.... One of the things they were trying to do was switch people from harvesting like opium to more like vegetables, fruits, things like that but there's just not enough money in it for them. They make 90 per cent of the world's heroin. Yeah. And, I mean we can't just replace what they're doing by uh either top-up wages or subsidy or however we decide to do it. It's got to be something that they want to do and if we're just throwing money at it it's no guarantee they're going to continue it or if it's even going to help (Parker, Interview 2).

Parker witnessed a number of care organizations and NGOs (non-government organizations) in Afghanistan when he was there. He described the efforts of many aid organizations as self-serving, dismissive, and disrespectful to the individuals, especially the children, they were in business to help and protect:

You know it's funny, [smiles] I saw one of the photo ops they were conducting over there to help these Afghan children type of thing. They would go out and find the most sickly looking children and basically slop like gruel and crap over their face just to make them look like completely disgusting. Get pictures or whatever, their little film, done with it. And like the bearded guy from the commercials, he just, he puts on quite an act. 'Cause he didn't give a shit about these kids. There was one that was leaning up against him for the photo? And afterwards he's like, 'ahh', you know, as he jumps away while the kid fell down to the, like the, the ground and, uhh, he was like, 'I need a change of pants.' And I can only imagine what kind of cut of that money they actually take, 'cause he seemed like he was pretty well off (Parker, Interview 2).

**Mick.** From a very different perspective, Mick takes a similar viewpoint: that government decisions to deliver sums of money without regard for the needs or mental state or social worlds of the recipients is harmful and dismissive. Mick turned down the compensation offer for boys' school abuses for many reasons: a desire to maintain denial of his abuse, a belief that it was tantamount to prostitution money, and a rejection of the package as anything more than a further traumatization and dismissal of the hundreds of children who had been harmed:

People lied, people got bum money, um people got away with a lot, um [primary abuser] did no time, he's got bodyguards now, he's got his full pension. The only good that came

out of it, and they turned it, it was sad when it came out because the government wants to throw money at the problem. And they, and the government just created a bunch of junkies. That were friggin shell shocked, broken. You give a, you give a, you give a person that never had more than 50 dollars their whole goddam life, say ‘well, here’s a hundred thousand dollars and you do whatever.’ They didn’t buy houses. They didn’t buy cars. They bought drugs. And then they became drug dealers. And a lot of them died (Mick, Interview 3).

Mick remains bitter about the role played by society in general and the government responsible for investigating the boys’ school abuses in particular, in choosing compensation over debate about the greater social harms. Nothing was done to provide the victims with support, counselling, and social and community inclusion strategies. In his reflections he points to a broader social responsibility. He believes that children have been neglected and harmed because adults have chosen to turn aside from deep exploration of events that call for critical debate, and from a concern for safety that reaches beyond one’s personal contexts. A cover-up occurred when a provincial politician was charged with possession of hashish but not with having young boys in his hotel room in their underwear. Some workers, like the officer at the halfway house, did not condone the abuses but they also did not report the abuses; they simply left for other jobs. Justice officials advised families to turn their children over to government-run institutions to reform them, and suggested the parents should not visit. “And then they wonder why they have monsters among them, right?” (Mick, Interview 3).

**Chris.** Similarly, Chris holds responsible those on the periphery of connections to his abusers and himself: people such as the teachers in the school, the nuns in the village – a sort of

bystander responsibility. He believes they knew or should have known of the abuse – and they did nothing. He is less damning of the nuns because he believes they had no status in the community or in the Catholic Church and they did the best they could: “Well, the nuns tried to help me. They knew something was up. They kinda fuckin sensed something, but back then?” (Chris, Interview 1).

He has the most blame for the Catholic Church. He believes the Catholic Church as a system covered up his abuse by priests as part of a systemic dismissal of the lives of the harmed children:

I think that they did admit to the Vatican, I think. Honestly? Yeah, I believe in my heart that they, they said what they did and that the Vatican, the Catholic religion, has forgiven them and not to say another word about it. That’s my heart saying I, I’m right. I know I’m right. I’m right. Dead to, dead to none (Chris, Interview 1).

He holds people in institutions responsible for abuse of him and other children. He places no blame on his family for not protecting him, not teaching him, not rescuing him. He will not lay blame on his mother; without saying so, he suggests she had enough troubles trying to keep the household together. He does not blame his father; the latter was not around and not useful to the family when he was at home. He does not blame his brothers; he realizes they likely were abused as well.

**Sumner.** Many of Sumner’s earliest memories and reference points for discussion about PTSD consequences are impacted by the Second World War. The town where he lived and the nearby military base were making efforts to return to a pre-war community when he was a child.

Recreation parks and ball fields and rinks were built and teams of young players were formed, many of them coached by veterans:

I'm seven years old, I'm playing ball and things. It was kinda, you didn't talk about it.

The damn war is over, let's move on. But the thing that did strike me, more so later on, there wouldn't have been minor baseball or there wouldn't have been minor hockey if it wasn't for the veterans. They were the guys who came back and were our coaches, and when I think back on who was organizing it, it was the energy of the veterans you know. I think that experience gave them the true gift of life and to make it good, for what they went through and things (Sumner, Interview 1).

Sumner also witnessed the effects the war had on his peers, particularly on the children of those fathers lost in the war or those home and haunted:

You didn't get anything in schools. They didn't teach you anything about this, they didn't share what we went through. In some ways I think that was a tragedy because the thing that would bother me, I guess, when I think of it was you'd have friends in school and they had no father. And I'd say, 'Well, where's his father?' 'Oh dear, he was killed in the war.' And next. And then I'd look at those guys and all of them and some of them experienced troubles as children, you know, of loss, losing a dad, never having a dad, and just hearing his name read out once a year over here [at the cenotaph] and things like that (Sumner, Interview 1).

The returning veterans, many and perhaps most of them, participated in and contributed to the life of the community. Yet, there was a noticeable aftermath of war experiences in the returned men that was observed by other community members:

They were, they were good folks. Some of them would be stable. But a lot of them were ridiculed ‘cause ‘he’s an old drunk.’ Or if we went to the [regional] championship and he was over there coaching and half-pissed. And, and, so we, you know, you never, your heart kind of felt that they were suffering. And, and that’s how they did it. They turned to alcohol (Sumner, Interview 1).

## **CHAPTER 6: DISCUSSION**

This study explores men’s understanding and interpretation of resilience, belonging, and recovery following posttraumatic stress injuries while doing so in environments that celebrate hegemonic masculinities. In this chapter, I return to the research questions described in Chapter 1 and link the findings from this project to the research on PTSD, recovery pathways, resilience, and belonging. The research questions are

- (1) How do men living in the aggressive environments of the military or the prison experience, cope with, and explore recovery pathways from PTSD and complex PTSD?
- (2) What does recovery mean for men who have been traumatized and how do they interpret resilience and sense of belonging?

Briefly, before the questions are examined in detail, the key findings of this study are identified.

### **Major Findings**

#### **PTSD as an Adaptive Response to Traumas of Moral Injury**

A diagnosis of PTSD was less important to the participants than the management of symptoms. Their physical and psychological traumas and posttraumatic stress symptoms are of

the complex forms (Herman, 1992a; Paivio, & Pascual-Leone, 2010), the result of chronic, horrific events, situations, and abuses. It was the moral aspect of the injuries brought on by those in leadership or controlling roles that caused the posttraumatic stress symptoms (Shay, 1994). For these men in the contexts of their traumas, PTSD is a natural and an adaptive response; a measure of health, not of disease.

### **Stress Resistance is Idealized in Hypermasculine Environments**

The participants used stoicism and emotional numbing in resisting the acute posttrauma symptoms, but this resistance was not maintained. It was followed by a breaking down and its associated concepts – brokenness, breaking apart (Eichhorn, Brähler, Franz, Friedrich, & Glaesmer, 2014). In the participants’ reflections, this breaking was found to be the forerunner of resilience and the end of resistance to the stressors. This reflects a sort of crossing-the-barrier between resistance and resilience - the movement between stopping and proceeding forward, the beginning of ownership for the healing journey.

### **Resilience and Belonging May Contribute to PTSD Recovery**

The participants articulated what resilience means in their lives and how they have experienced resilience – and they did so in a way that should enlighten the meaning of resilience in the lives of the traumatized. They also defined their resilience as occurring within a social context, a being and place in the world, connections with others and groups. The four men who participated in this study have experienced varied and, for the most part, conflicted realization of belonging to a family, a group, or a community, as belonging is defined in this project: personal involvement, a sense of fit with the group, commitment to both give and receive support (Newman, Lohman, & Newman, 2007; Vandemark, 2007). Only one claims firm attachments to

community, and he has experienced distress in social settings. The emergence or reemergence into a social sense of self was defined through the less committed concept of social supports - groups or networks that would thrive whether or not each participant chose to be actively involved.

### **Question 1: Management of Trauma and PTSD Experiences**

A soldier who is physically injured in battle is not deemed to be weak; he is called a hero (Shay, 2009; Woodward & Jenkins, 2011). A street soldier / thug who is scarred in a fight is called the loser of the fight but his status is assessed based on the quality of his efforts and the strength, and perhaps weapons, of the opponent (Hirose & Pih, 2010; Klein, 2014). As Wessely (2005) remarks in his research on injury risk in military conflict, it is no more possible that all soldiers return from war without mental injuries than that they return without physical damage or death. The stigma is only on the mental consequences of war.

The cumulative effect of multiple traumas is often experienced by military service men and women (Andrews, Brewin, Stewart, Philpott, & Hejdenberg, 2009; Castro, 2009; Hamilton & Workman, 1998; Jarvis, 2009; Kehle et al., 2012). The 90-percent increase in the rate of civilian deaths in combat zones since the end of the Second World War has contributed to PTSD outcomes in service personnel; the constant witnessing of mass civilian deaths has been linked to PTSD symptoms (Glover, 1988). These findings are realized in many of the trauma effects contributing to PTSD and a fitting description of some of the images Parker took home from his deployment. Symes (1995) noted specifically that witnessing plane crashes and sustaining feelings of guilt over war actions were two of the areas that increased symptom management for military and first-responder PTSD sufferers. For Sumner, the plane crash that resulted in the



deaths of seven crew-members on a Canadian base, people who were his friends and the friends of his staff, marked the beginning of his PTSD symptoms, and what Parker referred to as ‘unravelling’.

In similar manner, the cumulation of childhood neglect, and physical, sexual, and emotional abuse results in comorbidity risk for both physical and mental disorders in adulthood (Felitti et al., 1998). Although not screening specifically for PTSD, the Adverse Childhood Experiences (ACE) study completed by Felitti and colleagues links childhood abuse with chronic substance use and other health risk behaviours: both Mick and Chris have experienced concurrent physical and mental illness responses to the abuses of their childhoods.

### **The Role of Environment in PTSD Symptom Management: Hypermasculine Settings**

The men in this study have a clear understanding of the dominant discourses of their institutions, of the “constraints for statements to be declared admissible within its bounds” (Lyotard, 1984, p. 17). As Saris (1995) notes in his use of the term *institution*, the Latin root of institute is *instituire*, ‘to set up’; thus does institution exist as structure and as culture where discourses and narratives are both created and silenced. For the participants, much of their discourses of hegemonic masculinity are constructed within the contexts of their relevant institutions: military settings and prisons, predominantly, but education and health care systems as well. Hopkins and Noble (2009) point to the complexities and layers of negotiating masculinities in environments and institutional systems such as prison and the military. Barriers to treatment based on attitudes in institutional environments and poor access to a full range of services not immediately or easily available to PTSD sufferers have been found in all the above-noted institutions (Sayer, et al., 2010; Sherman, 2005; Uggen, Manza, & Behrens, 2004).

In hypermasculine environments, stoicism is expected and supported. Meaning without words for emotions, alexithymia was applied originally to psychiatric patients unable to express feelings, including those suffering from PTSD and particularly in emotions related to attachment or vulnerability (Levant, 2011). Parker evokes this in his response to questions about his feelings when fighting his opponents in matches prior to his deployment. Restricted emotions may be seen as adaptive in certain situations, such as combat or correctional settings or in competitive forums, but research has shown a relationship between alexithymia and endorsement of traditional masculinity roles (Levant, 2011), suppression of psychological responses to traumas (Zahradnik, Stewart, Marshall, Schell, & Jaycox, 2009), and multiple and complex traumas (Eichhorn et al., 2014).

In Chapter 2, I introduced Connell's theory of hegemonic masculinity (Carrigan, Connell, & Lee, 1985) and how hypermasculine traits have been positioned as the ideal. Elsewhere, Connell argues that working-class boys have been portrayed in the education system and the sports arenas as hoods - hooligans or toughs - or swots - academics or nerds (1989). This study of the struggles of boys in the education system in the 1970s and 1980s to make sense of attempted or interrogated identities closely describes the difficulties faced by the participants, Mick in particular, in their school experiences: "The life histories document a good many blocked paths, cases where the development of a patriarchal masculinity follows from a sense of being trapped, or where an attempt at reconstruction peters out in frustration, doubt or confusion" (1989, p.302).

## Collective Betrayal

The four men in this project are very clear: their PTSD symptoms and ongoing struggles directly related to them are the result of severe horrors that occurred on multiple occasions and represent betrayals, by others in positions of leadership or control, or by themselves (Gartner, 1999a; Litz et al., 2009; Shay, 1994). Shay names as betrayals those severe psychological traumas that bring about a destruction of the pre-trauma self. In *Achilles in Vietnam*, Shay outlines the dismantling of honour by military organization and then by the soldier, “the destruction of ideals” (1994, p. 37). Chris and Mick both used metaphors, calling the harm done to them *stolen* childhoods, *stolen* innocence – leaving them damaged, destroyed, demonized (Wisdom, Bruce, Saedi, Weis, & Green, 2008).

A further difficulty for military service men and women who were coping with PTSD in the 1980s and 1990s, when Sumner’s symptoms began, is that the Canadian Forces were not routinely diagnosing PTSD (English, 2000; Stretch, 1995). Treatment of PTSD symptoms was not handled professionally by mental healthcare workers, particularly when they did not have experience or understanding of combat pressures and traumas (English, 2000). This finding was noticed in the treatment received by both Sumner and Parker.

English’s research is supported by others who have studied responses of the mental healthcare system to PTSD (Shay, 1994) when he notes: “Focussing on stress prevention by improving leadership practices and strengthening unit cohesion, this model has proven to be effective in reducing the effects of operational stress in the IDF<sup>10</sup> over the past 20 years (2000, p. 36). Stretch (1995) commented that the lack of (1) recognition of Canadian Vietnam veterans,

---

<sup>10</sup> Israel Defense Forces

(2) counselling services available to veterans, or (3) health care providers with knowledge of PTSD as a diagnosis led to poorer mental health outcomes in the Canadian veterans. He recommended an increase of PTSD treatment become available in Canada. This finding also reflects Sumner's personal struggles as well as the problems he witnessed in the soldiers he counselled.

Parker does not frame decisions by the military as directly causing his traumas; indeed, this may be part of the weight of responsibility for harm done to himself and others that he continues to bear. Yet, decisions by the military to hold fast to rules when they may not advance a greater social good or provide care and protection to civilians did contribute to his decisions to try to rescue children despite lack of sanction and contrary to commands. Smith and Freyd refer to all such examples as "institutional betrayal" (2014, p. 577). Worthington and Langberg argued a number of factors are in place in combat zones that make moral injury highly likely: that risky situations are probable, that the military is a competitive environment, and that "while soldiers are expected to be obedient to orders, they are also expected to show initiative" (2012, p. 277), just the dilemma in which Parker often found himself.

### **Individual Response: Guilt and Shame**

Although the experiences differed among the participants, most of them engaged in risky activities following traumas. All believed that, regardless of the injuries from a collective betrayal of educators, justice officials, military command, or healthcare supervisors, they should have acted in a way that would have avoided the traumatic experiences. They espoused the 'just world' mindset that prescribes blame for harms done to individuals, since if they had acted properly no harm would have resulted (Miller, Hefner, & Leon, 2014).

Ensuring safety for self and others was a survival strategy for all participants, and all felt they had let themselves and others down. Safety, however, is a complex and complicated term. Constant watch for IEDs is a means of providing safety. Calming oneself so that every rocket launch or sound of automatic gunfire does not send one into panic may be a form of mental safety. Castro explored trauma in an occupational context as different from a victim-based approach (2009). He observed that the military trains soldiers to engage actively in the very types of events that could lead to posttrauma stress symptoms: “what does it mean when part of your occupation as a soldier is to kill people or have someone try to kill you or see your buddy blown to bits? We train you to respond to these possibilities. We expect you to do your job when these events happen. You are rewarded for doing it well” (p. 257). Sumner agrees that military service in combat zones can be “dehumanizing.”

For soldiers trained and, in Parker’s case immersed in war, boredom and inactivity were sometimes unsafe situations, but when coupled with sensations of guilt or shame the consequences could be severe. Sumner’s accounts of young servicemen living on Canadian bases during peacetime identified reckless and deadly acts, similar to findings in the literature (O’Toole, Catts, Outram, Pierse, & Cockburn, 2009). Parker consumed excessive amounts of alcohol and explored a panoply of suicide methods in his first months post-deployment. Killgore and colleagues (2008) explored risk-taking activities in combat soldiers. They found the greater the number of combat factors and the higher the severity of experiences, such as killing another, death of a friend, or surviving a close call, the more likely a soldier would engage in serious risk-taking activities post-deployment.

Both Mick and Chris conducted themselves in aggressive and self-harming ways in their posttrauma environments. Mick found that he and many friends were hypervigilant to the dangers all around them in the boys' school and in prison; in those places, they were engaged in the same kind of survivor mode that soldiers maintained in war zones (Bertram & Dartt, 2009). However, in the community with no work or other activities to take up their time and no immediate perils confronting them regularly, they spent their days trying to rid themselves of trauma memories and became caught up in dangerous activities: drug use, negative associations, binge drinking (Grounds & Jamieson, 2003), in Chris's case fighting and multiple sexual relationships.

Researchers on the role of shame in PTSD find that, more than guilt for actual behaviours, it is shame, a sense of not being able to protect self or another and of being worthless, that embeds and sustains PTSD symptoms (Braithwaite, 2000; Harman & Lee, 2010). Reflected in an erosion of the individual's sense of pride in competencies, the injury becomes an assault to one's moral code and identity of self, demoralizing in its strength and unmitigating nature. Mick calls himself a 'demon', a 'monster', 'damaged goods.'

In this study, the downward spiral is described as buckling under the pressure to maintain resistance to stressors, portrayed not in guilt for behaviours that contributed to their or others' suffering but in shame (Leskela, Dieperink, & Thuras, 2002). Wilson, Drozdek, and Turkovic referenced the role of guilt and shame in the dimensions of PTSD, referring to them as "Janus-faced partners in the human psyche" (2006, p. 23). They posited that it is not guilt or personal actions that leads to PTSD; rather, the other face, shame, that invokes personal failure, loss of dignity, soul death. These are the losses described by the participants.

## **Managing PTSD Through Resistance Measures**

Stress resistance, in the context of trauma response, is as difficult to understand as resilience is to define. The participants have offered clarity in that they differentiate between “emotional hardiness” as Parker named resistance and a more conscious strengthening and promotion of self in transformative decisions and pathways that they call resilience. Similarly, Etherington refers to resilience concurrently with an individual’s resourcefulness (2007, pp. 301, 311) in that they are agentic and personally constructed. Previous to the current changes made to the DSM categorization of PTSD, both DSM and ICD classifications of PTSD labeled it as an anxiety or a neurotic disorder (Creamer et al., 2011). Thus, it seems unsurprising that many, particularly those holding hypermasculinities as the ideal, would resist the recognition and admission of symptoms from traumas.

Parker’s definition of resistance as “emotional hardiness” fits more closely to early stages of PTSD and psychological responses of alexithymia (Eichhorn et al., 2014), emotional numbing, and the use of “primitive defense mechanisms such as denial” (Vogel-Scibilia et al., 2009, p. 407). What is seen in early mental health assessments of returning soldiers or abuse victims may well be not resilience but the numbing, denial, and protection of self against threat (Symes, 1995).

The naming of someone as hero is wrapped in dominant discourses of self-sacrifice, risk, emotional control - characteristics included in this theme of masculinities and stoicism (Wansink, Payne, & van Ittersum, 2008). A soldier may commit acts of bravery and be called a hero. But what if he returns home and is unable to manage civilian life? He develops an addiction, cannot sustain daily living with his wife and children, returns again and again to conflict situations. A

large body of research shows the soldiers who experienced the greatest number of traumas in conflict zones also experienced the most symptomatic and protracted levels of PTSD (Fikretoglu, Brunet, Schmitz, Guay, & Pedlar, 2006; Orcutt, Erickson, & Wolfe, 2004; Prigerson, Maciejewski, & Rosenheck, 2001). Adelman reinforces this study's separation of resistance and resilience in her article on photographic interpretation of soldiers and masculinity in American nationalism: She says "sometimes heroes come too late and that most men are not invincible but instead resilient at best" (2009, p. 262).

Others first, self second reflects the collective good over the individual need espoused by Parker and Sumner. Sumner mentions more than once that he and others believe a soldier becomes a hero as soon as he/she signs up. It is an interesting perspective, given the recruit has not actually performed any act that could be, in and of itself, deemed heroic. It may be the result of recognition that the individual has turned his/her autonomy over to the collective, or that heroism is, in part, the termination of the individual identity (Atherton, 2009; Woodward & Jenkins, 2011).

For Mick, once he received respect from the bikers and his wife, he displayed resistance to posttrauma symptoms, in that he was not impacted by them. He seemed successfully able to bury his experiences of the boys' school and concentrate on the present. He became a hero for his wife and sons, advocating for his children in their schools, finding short-term but legitimate work to support his family (Kiselica & Englar-Carlson, 2010). For Parker, his stoicism was expressed in a number of ways: from emotionally numb descriptions of his childhood beatings, as identified in the work by Levant (2011) to calmness when fighting or removing threats in a war zone. This also supports McTeague and colleagues findings of a "blunted reflex



action” (2010, p. 354) in multiplied and severely traumatized individuals or the work of Min and colleagues on avoidant coping strategies of trauma victims (2007).

All the participants expressed as caring, supportive, wanting to help others, to be kind, to be giving. None of them looked at stoicism as other than a mask, or a cloak to put on for the purpose of carrying out a task, a behaviour outside their sense of themselves at a deeper level. Bennett and Kerig further examined the non-emotional response as a “mask of callousness” (2014, p. 416) in delinquent youth and recommended that youth in custody be not automatically labeled callous-unemotional (CU) but also assessed for PTSD symptoms.

Sherman’s work (2005) reflects Sumner’s concerns over the military’s gaps in training of new soldiers. The stoic face of the military and combat fighters is helpful in “girding” them for the horrors they will face, but also a problem in that it suggests an invulnerability impossible to maintain and leads to “the undoing of the mind” (Sherman, 2005, p. x). This assessment is supportive of the work on betrayal and moral injury in PTSD and the consequences of attempting to hold fast to a rigid, resisting stance against danger (Lisak, Hopper, & Song 1996; Litz et al., 2009; Shay, 1994).

Within the reflections and discussions on masculine roles and hypermasculinity and heteronormativity are the participants’ efforts to show how they were unable to sustain this culture of stoic resistance within their own lives and their own relationships. For Mick, the struggle to hold on to this world view was relaxed against his will, only because he could not sustain the effort (Addis & Cohane, 2005). Woodward and Jenkins (2011) looked at the British military identity as a subordination of the individual even while individual identities within the constraints of the institution are negotiated and expressed. This is an important point: Parker is

not alone among combat veterans in believing his skills and dedication to the broad humane cause would be respected by military command, and then learning that this was not the case.

The participants all noticed a point where they were unable to maintain stoicism and resistance to the posttraumatic symptoms. The participants discussed isolated, individual efforts to maintain an image of strength and control over feelings of weakness and vulnerability. Chris, in particular, talks about physical fights with other men as a deflection for the emotional and mental pain of his sexual victimization and continued coerced homosexual activities with men. Styron and Janoff-Bulman (1997) found insecure attachments from childhood neglect and abuse resulted in adult issues of depression, hostility, and helplessness. Yet, Chris engaged in fights during his teen years for many reasons: among them was the need to be violent to deflect emotional pain.

Stamos studied the emotional release found by cutting and other self-injury practices in depressed teens (2007). Lorber and Garcia (2010) conducted studies of American veterans of the Iraq and Afghanistan conflicts and looked at the place of pain as a means of dispelling unwanted emotions, noting one slogan in the U.S. military is “Pain is fear leaving the body” (2010, p. 297). Chris espouses this concept of pain pushing fear away. He appreciated being cut in fights and enjoyed the sight of his own blood; this led to his shame and fears leaving him. This finding, of decisions in the traumatized person to employ physical cutting or pain in an effort to numb or blunt emotional trauma, contributes to the literature on posttraumatic stress responses, particularly in men in settings and contexts where traditional masculine roles are supported and sustained.

The participants' responses reflected their multiple understandings and experiences in the heteronormative and hypermasculine worlds in which they lived and faced their traumas. For the offenders, sexual abuse contributed to conflicted responses to sex and love and conscious efforts to avoid memories of their abuse (Alaggia & Millington, 2008; Min, Farkas, Minnes, & Singer, 2007). Both offender participants expressed conscious and consistent interest in heterosexual relationships with multiple partners; their active and even flagrant heterosexuality was an important identity for them following their abuse experiences (Munroe, Kibler, Ma, Dollar, & Coleman, 2010). Felitti and colleagues, in the ACE study, included investigation of the use of sexual activity in adults who were sexually abused as children and found "pharmacological or psychological benefit" in sexual activity used as a coping mechanism (Felitti et al., 1998, p. 253).

### **Beginnings of Resilience**

All the participants believe the cracking of their emotional armour commenced with their acceptance of their eroded self-identification as strong men in control of their lives and often in control of the lives of others. For Sumner, when PTSD symptoms first started appearing, his response was to attempt to ignore them, to fight an acknowledgement that he was in trouble. The literature on chronic PTSD from combat or childhood abuse points to resistance, through efforts to ignore or disregard symptoms, and avoidance behaviours, such as substance abuse, until the sufferer has no choice but to acknowledge the symptoms (Gill & Tutty, 1999).

### **Framing the Problem of Managing PTSD**

Living with PTSD is like managing a "soul wound" (Shay, 2014, p. 58). The disorder, as defined in DSM, has been criticized as a clinical rather than authentic representation of the

injury. The critics reference the list of symptoms as not what destroys the emotional, moral, and through suicide the physical self of the sufferer (Shay, 2014). There are two forms in which PTSD undoes character and these have three essential ingredients: that there is a betrayal; that the form of betrayal is either by the actions of a person in a power position, for example a military commander or school administrator, or by ones' own behaviour; and that this occurs in the context of high stakes involving danger, risk, or considerable importance (Litz et al., 2009; Shay, 2014). When this happens, as Mick says, 'it is like someone popping a balloon', or as Wertz (2012) would describe, the moral or psychological death of the pre-trauma self.

In their review of controversies surrounding a diagnosis of PTSD throughout the ages, Kinzie and Goetz (1996) describe permanent personality changes in prisoners of war, including prisoners of the Nazi concentration camps, such that their identities are altered as a result of the most horrific traumas. Two of the participants describe a changed self as a result of the traumas and all discussed changing outlooks on life and changed behaviour patterns when in public. Chris believes he could have been someone he would be more proud of, more valued and valuable to society if the traumas had not occurred; but he does not remember a time before the traumas and identifies as a person not able to change to a place of strength and autonomy and belonging.

Contributing to the intense personal response by PTSD sufferers to their changed lives was stigma associated with the disorder and to seeking help (Stecker, Fortney, Hamilton, & Ajzen, 2007). In research on soldiers who did not seek treatment, they noted their sense of pride and a desire to not be viewed as weak (Bolton, Morris, & MacEachron, 1989; Stecker et al., 2007). This finding is in line with the experiences of the participants and feelings of

embarrassment or shame in talking about their experiences. One of the struggles Parker and other soldiers, as well as others with PTSD, continue to face is the stigma surrounding this disorder. It is also one of the reasons diagnosis of PTSD is not a panacea. Stigma has received much attention in the literature, particularly since the 1960s when sociologist Erving Goffman wrote about this term as a social construct, referencing those who act outside of the norms of a group and thus are denied full acceptance by that group (Furuya, 2002; Goffman, 1963; Gould, Greenberg, & Hetherington, 2007). Even in the military with the attention given to PTSD, the response to individuals with the disorder has been judgmental (Sayer et al., 2010; Stecker, Fortney, Hamilton & Ajzen, 2007).

### **Question 2: Resilience and Belonging in Recovery Pathways**

The growth directions of resilience, belonging / supports, and recovery are framed as a trialectic or a transformative triangulation (Gülerce, 2014) to provide consideration for those managing PTSD symptoms and those who live with, support, and provide treatment to them.

#### **Resilience**

While not longitudinal, this study does explore the course of resistance and resilience responses to trauma over a period of many years: in one case, the participant first experienced symptoms approximately 30 years ago. Many of the studies on the role of resilience in PTSD trajectories and outcomes are cross-sectional (Wingo et al., 2010), non-traumatic or single traumatic event (McGloin & Widom, 2001; Richardson, 2007), short-term (three to six months) (Duma, Reger, Canning, McNeil, & Gahm, 2010; Hoge, Auchterlonie, & Milliken, 2006), or position pieces on the range of skills or features necessary for resilience (Rutter, 1985). Berntsen and colleagues (2012) studied PTSD trajectories before, during, and at three points following

deployment in a group of combat soldiers; however the last point was seven months post-deployment and the control group - the resilient soldiers - were also not reviewed after this time to see if there were any changes in their responses to experiences. Elder and Clipp's work on the role of resilience in the psychological health of soldiers in later years is a notable exception; their findings support this study in that all soldiers, regardless of pre-combat stability, "have a breaking point at some level" (1989, p. 318). The results of this work show that living *with*, and living *through* trauma experiences, as suggested in the title of the master theme "I've lived it", turn the discussion on resilience towards conscious choice (Etherington, 2007).

**Resilience as a conscious choice.** The participants define resilience as their strengths after being crippled - "dead" to use Mick's term - by their traumas and their decisions to choose life. Sumner confided in his wife, set aside his apprehensions, and agreed to new medical treatments. Chris told his abuse experiences to a psychologist and the police, leading to the conviction of one of his abusers. Mick began to listen to his children telling him he is important to them. Parker began to make efforts to slow down and try to implement recovery theories rather than only reading the literature on them.

Resilience is from the Latin *resilire* - to leap or jump back (Oxford Dictionaries, 2015). In the participants' accounts, resilience in their lives is expressed as competency building, forced by trauma or other negative life events to set new goals, navigate life in a different way, and develop skills as a *response*. It is not defined by the participants as the ability to bounce back<sup>11</sup>. In lives that have been torn apart, resilience is fluid and evolving through individual contexts: for

---

<sup>11</sup> For more on the American Navy's 'Resilience: The Bounce Back Factor', see <http://www.med.navy.mil/sites/nmcsc/nccosc/serviceMembersV2/buildResilience/resilienceTheBounceBackFactor/Pages/default.aspx>

example, Chris is resilient because he is still alive, despite his numerous childhood abuses and despite the number of suicides by other victims in his small village.

In one part of his discussions, Parker talks about his difficulties in coming to terms with the deaths of so many people close to him in his tour: memories he cannot 'bounce back' from. He mentions this in connection with how important resilience has been to him, an 'invaluable tool' he calls it. As many researchers argue, the PTSD sufferer may recover, but will not return to a pre-trauma state (Borus, 1973; Elder & Clipp, 1989; Shay, 1994; Wertz, 2011).

To suggest return to the pre-trauma self as the goal of recovery is to negate the impact of experience. This position disconcerts human developmental theory from psychoanalytics (Freud, 1910; Erikson, 1968) to social cognition (Benight & Bandura, 2003) to ecological systems theory (Bronfenbrenner & Evans, 2000). Indeed, it is by retrieving and exploring and processing memory and experience that one moves through the traumas and acute symptomatic phases towards recovery pathways (Gleiser, Ford, & Fosha, 2008). Further, the literature on posttraumatic growth shows that the trauma(s) are the force for the posttraumatic growth trajectory (Janoff-Bulman, 2006) and that the traumas lead the sufferers to heightened sense of personal strengths and relationships with others (Tedeschi & Calhoun, 1996).

Resilience involves learning, knowledge, cognition, confidence in taking care of oneself. The Oxford dictionary definition of resistance is refusal to accept or ability to not be affected by something. In this study, resistance is seen as, at best, an ineffectual attempt to avoid PTSD. And yet, resistance is often used in other disciplines, such as medicine and forestry, as a strength: consider disease resistance, or a forest's resistance to blight.

These are the definitions of resistance often used to inform the literature on resilience: a strength found in some individuals, in some families, in some communities but not in others – individuals and groups who should have had poorer outcomes in school, career, and life but did not because of protective factors (Bernsten et al, 2012; Garmezy, 1971; Litz, 2007; McGloin & Widom, 2001). The most frequently cited protective factors include stability and love within a family unit and / or from an adult (Luthar, Cicchetti, & Becker, 2000; Rutter, 1985); intelligence and educational competencies (Bonanno, 2004); and psychological and emotional abilities. My argument is that these denote resistance rather than resilience.

Norman Garmezy's body of work on resilience and vulnerability in impoverished settings is considered foundational in the definitions of resilience as positive adaptation and success in the face of adversity (Luthar, Cicchetti, & Becker, 2000; Masten & Coatsworth, 1998; Rutter, 1985). His work would be particularly helpful if he had used a stress resistance approach.

Michael Rutter, another pioneer in resilience research (Garmezy, 1991), worked with his colleagues on the influence of the school climate on resilience progression and skills in children in excluded and impoverished neighbourhoods (1979). Rutter and his team found that "schools that foster high self-esteem and that promote social and scholastic success reduce the likelihood of emotional and behavioral disturbance" (Rutter, Maugham, Mortimore, Ouston, & Smith, 1979, p. 83). While somewhat outside the exploration here of resilience and resistance as constructs in PTSD trajectories, this work does point to the significance of school connections in the life of a child and brings home the problems faced by the participants, particularly Mick and Chris.



**Resilience as a journey.** During the same period as Garnezy's work on resilience, Beardslee, a medical doctor, offered a different perspective, one more aligned with the definition of resilience put forward in this project. He described his interest in looking at self-understanding as arising from "the conviction that the place to begin studying resilient individuals is with what they themselves report about their own lives, especially about what has sustained them" (p. 267). Dr. Beardslee argued that the journey to self-understanding is brought about through an explanatory and organizing framework for the individual: externally, through a developed ability to perceive changes in the world and respond, and internally, by gauging capacity to respond to situations and follow through as required.

Bonanno's work on resilience (2004) reflects the findings in this study of the participants' efforts of resistance. It also advances a perspective not found in the results of this study or of many other studies: He defines resilience as "the ability to maintain a stable equilibrium" (2004, p. 20) and states that recovery from PTSD is a return to "pre-event levels," taking a few months or up to two years for a full return. The evidence in the PTSD literature is clear that recovery is a continuum and a 'full return to pre-event levels' will not take place (Bille, 1993; Davidson & Roe, 2007; Davidson, O'Connell, Tondora, Staeheli, & Evans, 2005; Herman, 1992; Shay, 1994; van der Kolk, Pelcovitz, Roth, & Mandel, 1996).

Burns and Anstey (2009) conducted a test of the Connor–Davidson Resilience Scale (CD-RISC). Their work provides a thorough overview of the various approaches and definitions used to describe resilience, demonstrating some of the complexity of situating it in the theoretical and intervention literature: "resilience is described as either a set of heritable traits, an outcome of

stressful life transactions, or as a process-construct reflecting an interaction between trait attitudes and behaviours with life experiences” (2009, p. 527).

This is found in the participants’ reflections: from Mick who brought the independence he learned in his family through traumas and incorporated his experiences in posttrauma life experiences of family, connections with bikers, prison, spirituality, and AA; in Sumner, from the service lessons he learned early on in his family, to his traumas, through to working with soldiers and families; in Chris, from the neglect of his childhood, through the years of traumas by men in his village and then work experiences and interactions with helping professionals; in Parker, from emotional numbing learned in childhood and during combat traumas through to altruistic acts and transformative engagement with animals and with academic pursuits. They each found resilience from personal traits and the incorporation of life experiences into transformative directions.

### **Redefining Future: PT Growth**

Parker describes his ongoing commitment to making gifts of money to others and believes this provides him 'peace of mind'. It may signify posttraumatic growth or a connection with society that is, in this action, superficial. And does that matter? Is it necessary to discern if Parker consciously makes appointments so that these routine commitments and connections with the outside world help him stay alive? Or if his discipline and sense of responsibility is so fixed that he keeps appointments whether he wants to or not. In the end, it may not make a difference whether he is sustained by honour or by a desire for life. What is important is that Parker and the others have incorporated aspects of their personalities they characterize as strengths - in Parker’s case, keeping appointments - into their self-care following traumas. These identities they carry

forward symbolize what Strachan and colleagues (2012) refer to as “behavioral activation” therapies, or the assignment of military values to civilian situations: keeping appointments, fulfilling responsibilities, managing commitments. These skills have been adopted by the other participants as well as they take their sense of their strengths and values forward and define resilience as a process that begins to provide structure for their future and definition of posttraumatic growth.

The research literature on PT growth has evolved from some of the dismissive reflections of the harm of trauma referenced in Chapter 2 to work that more appropriately explores the recovery pathways of the participants in this study. In a Dutch study, Baljon (2011) establishes five categories that advance PT growth and also support recovery: (1) People may learn of personal strengths they were previously unaware of, improving self-confidence; (2) They may begin to see new possibilities in life and attempt new activities; (3) They may develop enhanced empathy for the sufferings of others, increasing relationships with others; (4) They may develop an appreciation for life as vulnerable; (5) They may experience spiritual change (Baljon, 2011). This study explored the impact of trauma on men who support a traditional masculine self-image and then moved from identification with ‘wounded masculinity’ towards an adaptive and non-destructive, non-aggressive sense of self (Baljon, 2011). Linley (2003) has reviewed PT growth through literature and historical work in trauma injuries. Like Baljon, he and others advance that one may experience posttraumatic stress triggers, such as intrusive memories, and still benefit from PT growth: the two trajectories are not mutually exclusive (Green et al., 2010; Linley, 2003; Linley & Joseph, 2004).

Buzzanell's communications theory work (2010) in strategizing resilience processes also aligns with the findings of this study. She describes resilience as a process, a way of moving oneself forward through five processes: (a) crafting normalcy, or returning to everyday activities; (b) affirming identity anchors, or maintaining traditional, pre-trauma expressions of self; (c) maintaining and using communication networks, such as peer support groups; (d) putting alternative logics to work, or standing up for oneself; and (e) legitimizing negative feelings while foregrounding productive action. This fifth process acknowledges the anger, bitterness, and fears wrapped up in trauma while consciously focusing on actions that will take the individual to meet goals. Parker made a decision to suspend active plans to commit suicide in order for him to provide care and attention to his dog – an activity that on the face of it seems innocuous but was a symbol of life-affirming action for him at that time. Mick was visibly distressed and angered by the news that his niece was the victim of ongoing sexual assaults by a man living with her mother; however, he discussed that leaving the province and committing an act of revenge violence on this man would not, in the end, help his niece and would lose him his freedom and his goals for his future.

## **Belonging**

The role of belonging in PTSD recovery was not accepted unconditionally by the participants. The literature on belonging largely supports citizenry and social connections as necessary aspects of healing following trauma (McLaren, Gomez, Bailey, & VanDer Horst, 2007), as important definitions of self and self-esteem (Twenge, Baumeister, Tice, & Stucke, 2001), and as protection and improvement in self-esteem following social rejection (Knowles & Gardner, 2008). Essential components of belonging are personal involvement and integration;

the individual is needed and important in the group (Hagerty, Williams, Coyne, & Early, 1996; Newman, Lohman, & Newman, 2007). The participants may accept the benefit of belonging on a cognitive level, or as a general human goal (“everyone wants to belong to something,” notes Mick). But it is not a commitment they have embraced.

Yet, all participants touched on the power and benefit of social connections, and the loss felt when these are removed. Sumner’s account of soldiers who expressed feeling abandoned when their unit was broken apart mirrors Shay’s observations on the negative harm to soldiers when they are removed from their mates, when they are displaced: “Destruction of unit cohesion by the individual-rotation policy in Vietnam cannot be overemphasized as a reason why so many psychological injuries that might have healed spontaneously instead became chronic” (1994, p. 198). Mick and Chris’s isolation as ex-offenders and inability to talk through their abuses with other victims of the same environments and perpetrators was reinforced in a number of studies (Etherington, 2007; Sveaass & Castillo, 2000). Sveaass and Castillo explore the effect of isolation from the recovery processes of soldiers and civilians in post-war Nicaragua in interviews with mental health workers. They validate the participants’ experiences, that community support for veterans diminishes after the most acute period is past and interest is withdrawn (Sveaass & Castillo, 2000). This was felt by Parker and, to a lesser degree, by Sumner. For Mick and Chris were the additional stigma and isolation experienced by ex-offenders in general; their status negating community support for them as trauma victims (Smith & Freyd, 2014).

## **Belonging Rejected**

The participants supported Clegg's (2006) work on non-belonging following trauma, in that they believe self-reliance contributes to their healing. They have felt alone in crowds, different from others in society because of their injuries, and troubled by the potential to have unwanted flashbacks occur when they are least able to manage them. Research by McTeague and colleagues (2010) found the greater the number and magnitude of traumas, the more likely the sufferers experienced higher depressive comorbidity and dulled reflex action, leading them to suggest that severe and numerous traumas may impair defense responses. Thus, awareness of blunted responses and depressive and anxiety symptoms may impede social connections. In the participants, these symptoms and responses might reflect self-preservation, even self-awareness.

Experiences of exclusion and rejection are also isolating and divergent from efforts to improve one's sense of belonging; these differ from a rejection of belonging in that the former are responsive rather than active, but part of the same process of social withdrawal (Clegg, 2006; Grounds & Jamieson, 2003). Mick presents a conflicted self: at times he feels he has been a masked personality, in which he displayed happiness in family activities but called this a show for them, not real; during other periods, his expressions of joy in his family life and in his associations with motorcycle club members and other family friends was unmitigated. His years following the onset of posttraumatic stress symptoms were characterized by the struggles between these two identities and expressions of self (Demers, 2011; Grounds & Jamieson, 2003; Wolfe, Francis, & Straatman, 2006). They contributed to his isolated self, not sure of his place within these groups, fearful of his 'demonized' side, uncertain of his right to happiness. For Parker and Sumner, fears they might not be able to control their symptoms when in public

inhibited their social connections (Elder & Clipp, 1988; Etherington, 2005; Taft, Stern, King, & King, 1999).

Among the rejection of belonging faced by the participants is that they have not had opportunity for group discussion of traumas and their life impacts. They have not known what Shay calls the essence of a group that will not let the sufferer go through the aftermath alone (1998, p. 55). The absence of opportunity to be together with others - troop mates, first responders, abuse victims, boys' school friends, ex-offenders - who have endured their traumas is contraindicated of trauma recovery (Bartone & Wright, 1982), and it impacted the participants in severe and lasting forms.

### **Cautions in Belonging**

All participants described groups they believed to be harmful, that contributed to traumas and distanced them from an assessment of belonging as a supportive feature in their recovery processes. The negative forms of belonging are often in the literature connected to gangs or criminal organizations (Travaglino, Abrams, Randsley de Moura, & Russo, 2014; Wood, 2014); the participants did not relate the group processes of harm to either of these two more formally structured organizations, although they believed there was some defined structure.

Travaglino and colleagues found the kind of features in criminal organizations (CO) that Mick and the other boys in the reform school experienced. In their 2014 study of Italian mafia organizations, they compared COs and street gangs: "the reach of COs is far greater than that of most gangs, and extends to the political and financial spheres of institutional life" (Travaglino et al., 2014, p. 800). This has eerie overtones of the multiple layers of powerful financial, legal, and

political connections of those who abused the reform school boys and those complicit in the coverup.

A rigid adherence to identity and to legacy is routinely adopted by the institutions to which the participants were most associated: corrections and the military were criticized by the participants for upholding codes and ways of being that harm the individuals in their care. Sumner critiqued the hero expectations of soldiers fostered by the military, all the while placing impossible expectations on the soldiers, not only on the battlefields but also on the home front. The military constructions of alcohol as symbol of troop morale and alcoholism as symbol of individual weakness have been also studied and confirmed by Dunbar-Millar (1984).

### **Recovery Identities**

The expectations of the group in which the individual finds himself are very strong and set as absolutes: A soldier, a military officer is a hero: he thinks, feels, and acts as a hero. A street soldier, a member of a criminal lifestyle is a hooligan: he thinks, feels, and acts as a hooligan. Locating and negotiating new identities in recovery journeys requires each participant to explore multiple, “parallel masculinities” (Nobis & Sandén, 2008. p. 206) as they make decisions about disclosing traumas, seeking help, and committing to healthcare. The participants all struggled to fit into new identities, although they retain aspects of the earlier role characteristics, all with a sense of pride for the most part while recognizing that their recovery selves embrace other identities.

Another new identity purpose may be to escape: Escape *from* a previous lifestyle, an unhappy relationship, aggressive family life; escape *to* a sense of pride, a troop of mates, a life purpose (Cohn & Rotton, 2006; Worthington & Langberg, 2012). In a search for fit, belonging,



or identity a soldier may see the rigour, direction, and rules of a military life as an external force of guidance and stability. Sumner remembered some of the soldiers in his therapy groups seeing military life as a new family, a source of rules and controls that would assist them in adopting more adaptive lifestyles. In Mick it was connection with the motorcycle club after being homosexually abused.

Being part of something enduring has touched many, all really, of the participants and is a significant aspect of belonging and, consequently, recovery. Even Chris senses legacy in the beauty of his fishing town and the endurance of the seasons of fishing, the act of going to sea in a boat. It is not unlike the pride taken by the men on parole who served with honour and often with distinction during World War II (Dressler, 1946). One of the ways that Parker was able to find meaning and develop resilience tools was through altruistic acts of providing gifts of money to strangers. All participants contributed many hours to this study in the hope their reflections and discussion would help others. The benefit of engaging in altruistic acts as a way to promote healing and change from ruminations of the traumas to the needs of others has been explored (Boehnlein & Sparr, 1993; Kishon-Barash, Midlarsky, & Johnson, 1999). They found, as the participants experienced, that PTSD does not destroy empathy and, in fact, may heighten interest in others and in being part of social networks and community. Further, if resilience means some new reorganization of the self to alternative forms of being, PTSD might be a process to achieve these alternate forms as witnessed by the increase in altruism which is simultaneously self and other care – as Parker well articulated.

## **The Possibility of Connections**

Most of the participants identified more readily with connections than with belonging: in the former there is more distance, less commitment. If belonging means a personal involvement, than connections and social support may offer a starting point where they can converse in social settings, engage in events of interest, and walk away when and if they choose (Boscarino, 1995). For Mick, AA offered some connections and social support without the kind of commitment he has given to the motorcycle club. The AA members are there whether he attends a meeting or not; he is free to speak or to remain silent (Kurtz, 1982; Rushing, 2008).

A number of studies describe the therapeutic benefits of storytelling within a therapeutic setting: a way to explain one's existential place and provide self-esteem and perspective on situations and experiences (Connor, Britton, Sworts, and Joiner, 2007; East, Jackson, O'Brien, & Peters, 2010; Vandemark, 2007; White, Boyle, & Loveland, 2005). The support of peer networks is further identified in the literature on health gains and belonging through groups such as Seventh Step Society and military peer support groups (Hornby, 2012; Kilshaw, 2004; Shay, 1994). These groups offer the members a reframed identity and a sense of citizenship in the broader social community; in these groups altruistic acts and care of self while and through caring for others are the accepted norms.

## **Recovery is Not an Event**

Mick is blunt about what recovery processes are like for him: feeling better about his place in the world but a world, nevertheless, without 'rainbows or unicorns' - it will not be a place of uncontested happiness (Davidson, Borg et al., 2005). Through his work with men who had chosen to reveal and talk about childhood sexual abuse, Anderson (2008) has learned men's

conversations of trauma indicate two things: first, that the individual has already begun a journey of growth, and second, that he may have important advice for others in how to manage traumas. Chris has found healing in discussing his traumas and his trauma ruminations are alleviated when he concentrates on looking for jewellery and carvings. He sees in both a new identity as an expert, as someone with competence and autonomy.

Shay has offered three responses when questioned about the possibility of recovery from PTSD: “(1) Return to ‘normal’ is not possible. (2) We don’t know. (3) Yes” (Shay, 1994, p. 184). He clarifies the third response, defining recovery as a life fully valued and successful, engaged, and flourishing, while at the same time requiring hospitalization when acute symptoms recur and coping with substantial limitations because of chronic symptoms (Shay, 1994). Sumner understands this assessment of recovery. He was hospitalized because of his own posttraumatic stress symptoms on two occasions, approximately 30 years apart. Parker also knows of what Shay speaks. He is now engaged in graduate studies in his discipline. At the same time, he continues to have difficulty making eye contact with people: he always sees the burned-out eyes of the little Afghan boy.

Kiselica and Englar-Carlson (2010) argue for a model of recovery from mental illness when working with men that considers and promotes positive masculinities: relationship styles and ways of caring, fatherhood roles, daring and risk-taking activities, use of humour, worker/provider roles, and heroism. These roles are socially-constructed, not specific to men, and not biologically-determined (Kiselica & Englar-Carlson, 2010). Similar suggestions include the benefit of social groups and community activities - building sheds (Fildes, Cass, Wallner, & Owen, 2010); choral singing (Bailey & Davidson, 2003), educating community members about

war (Boehnlein & Sparr, 1993). These approaches have been adopted by most of the participants: Parker continues to be active in sports activities, such as hockey and martial arts; Mick works as a carpenter, with awareness that he is continuing a tradition of providing for himself handed down from his father and grandfather; Sumner regularly educates community organizations about World War II.

There is a large body of work on the different requirements for recovery therapies in individuals with chronic and complex PTSD, such as has been discussed in this study among men who have lived in violent environments and endured traumas as the result of moral injuries, and in those who have experienced traumas from natural disasters and accidents (Baljon, 2011; Ehlers et al., 2010; Herman, 1992; Kia-Keating et al., 2005). Dorahy and van der Hart explain that the clinically-supported treatment for PTSD is exposure-based treatments; however for complex PTSD recovery work there must be a triad of phase-oriented treatments: stabilization and symptom reduction, trauma memories integration, and “personality (re)integration and (re)habilitation” (2015, p. 23). This work on (re)integration aligns with the experiences of the participants who, in some cases, needed to negotiate new identities of masculinity, citizenship, or family, and in others, a way of being in society (Maruna, Immarigeon, & LeBel, 2004; Piat et al., 2009). Integration of memories and of new recovery identities is also supported by practitioners working with boyhood sexual abuse survivors (Bolton, Morris, & MacEachron, 1989; Draucker & Petrovic, 1996; Dorrepaal et al., 2010; Gartner, 1999a; Hunter, 1990b; Lew, 1988). Stockton, Hunt, and Joseph (2011) concentrated on trauma memories integration or “reflective pondering” (2011, p. 86) as a healthy other-side of ruminations, supportive of recovery. Looking without self-judgment at his traumas since his incarceration has improved Mick’s symptoms and

his understanding of them. More recently, as Parker has found, mindfulness techniques have been shown to have substantial benefits in controlling symptoms, providing self-awareness, and giving control for PTSD management to the individual (Simpson et al., 2007; Thompson & Waltz, 2010).

**Recovery through an addictions lens.** Recovery is often considered a destination, even an event: one is either cured or is mentally ill (Kurtz, 1982; Lee & Petersen, 2009; Ouimette, Moos, & Finney, 2003). In the literature review (Chapter 2), I explored a model of recovery in addictions and the comparison of that model to the journey toward recovery experienced by soldiers and offenders with PTSD. My interviews with the participants did not, for the most part, reiterate an acceptance of peace and serenity. However, they did see in their recovery journeys the benefit of the “self-transcendence” (Kurtz, 1982, p. 55) identity script put forward through the Serenity Prayer<sup>12</sup> adopted by Alcoholics’ Anonymous (AA). This decision to see the world external to one’s contexts, argues Kurtz, embodies Husserlian intentionality of consciousness as well as Heideggerian philosophy of being outside of oneself (Heidegger, 1927/ 1962; Hickerson, 2009). The AA community would refer to this concept more simply as ‘getting out of my own way’ or to put the point in Mick’s words, “I don’t drive the bus” (Mick, Interview 4). Kurtz explores the intellectual realm of AA through a number of philosophers to reference both *Gelassenheit* - reality as it is - and surrender or letting go (Kurtz, 1982).

A benefit of an addictions lens is that recovery is contemplated and practiced as a lifelong journey that requires ongoing attention to triggers and symptoms and the possibilities of

---

<sup>12</sup>God grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.

relapse (Davidson & Roe, 2007; White, Boyle, & Loveland, 2005). For those with severe PTSD symptomatology, the addictions lens offers a recovery approach that is humane, destigmatizing, and harm reductionist (Lee & Petersen, 2009); focused on serenity and self-transcendence (Rushing, 2008); espousing informal, social control, peer-support directions, such as those found in AA (Denzin, 2009; Kurtz, 1982; Larkin & Griffiths, 2002; Maruna, Immerigeon, & LeBel, 2004; Shatan, 1973). Davidson and Roe expound the addictions-recovery lens by exploring recovery *in* rather than recovery *from*: “it views mental illness as only one aspect of an otherwise whole person” (2007, p. 462). Further, this lens recognizes the often comorbidity of PTSD and substance abuse; such was the occurrence for the offender participants, and both military participants recognized the effect of PTSD on substance abuse behaviours. Mick and Chris’s experiences in particular support research findings that improvements in substance abuse yields improvements in PTSD symptoms; concurrent treatment for the two is recommended (Ford & Smith, 2008; Steindl, Young, Creamer, & Crompton, 2003).

### **Changing the Environment**

Not every person who has PTSD has been, or will be, diagnosed with PTSD. This injury is not the same as having a broken leg – it is not diagnosed by an x-ray, not obvious to an onlooker. And yet, as it is with a broken leg, the sufferer has a pretty good idea of the problem, that he has PTSD, without the diagnosis. For the offenders in this study, awareness that their nightmares, flashbacks, and hypervigilance, as well as their mistrust of society, rages, and feelings of hopelessness and mistrust (Herman, 1992; Wolf et al., 2009) could be explained by

PTSD gave them some answers and a recognition of the impact of trauma on their lives (Danielson et al., 2010; Feldthusen, Hankivsky, & Greaves, 2000).

The participants echo findings in the literature on the role of context, and situations, and surroundings in PTSD development. Prisons and war zones are malevolent environments (Fontana & Rosenheck, 1994; Janoff-Bulman & Morgan, 1994; McCorkle, 1993; Shay, 1994); for many, schools and health care facilities have also been hostile, even dangerous places (Abram, Teplin, Charles, Longworth, McClelland, Dulcan, 2004; Durham, 2003; Fitzpatrick et al., 2010; Uggen, Manza, & Behrens, 2004). Researchers and participants call for numerous changes to institutional and societal acceptance of the environmental causes of PTSD (Abram et al., 2004; Barrett, 1996; Durham, 2003).

When health care professionals or others providing support to victims are dismissive, rude, or abusive the PTSD sufferer is left alone to cope with symptoms often too acute to permit adaptive measures (Jennings, 1994). The consequences for the patient are a sense that their opinions do not matter and there is no one who will listen (Jennings, 1994). All four participants experienced retraumatization through actions, words, or inaction by professionals. Ozer and colleagues conducted a meta-analysis of studies of predictors of PTSD or of its symptoms (2003). They found a number of factors that increased posttrauma risk for PTSD, acknowledging that exposure to the most horrific events would in itself merit PTSD in individuals not diagnosed with the disorder. Institutional retraumatization through not accepting responsibility for harm done was found to be contributive to more severe PTSD symptoms (Miller, Hefner, & Leon, 2014; Smith & Freyd, 2014).

## Similarities and Differences

It is a difference between the veterans and the offenders that the former sought treatment and supports from others when faced with acute stressors, while the latter did not. The offenders were more likely to have come from a network of deprivation with little faith in social supports and less confidence that healthcare responders would support them (Weeks & Widom, 1998). As noted child abuse expert and psychologist Cathy Widom writes, child abuse may be only one problem in “a constellation of disadvantage and dysfunctional behaviors that are pathogenic” (Widom, 1999, p. 1223). Further, the trauma experiences and public responses to children in these settings leave them in no doubt about their place in society, as the offender participants point out: Mick calls himself and the other boys abused in the reform school “castaways” and “hooligans”; Chris comments on his family’s place in the village as a family that “had nothing”.

It is a similarity that both groups of participants experienced responses to their difficulties from institutions providing care to them that ranged from reticence to outright rejection and disdain. The institutions that trained or constrained them provided no support in managing symptoms and few measures to assist with reintegration or morale enhancement (Daigle, 2007; Jarvis, 2009; Maruna, 2001). Soldiers are concurrently empowered and disempowered in an environment with close quarters, ongoing assessment of adherence to rules, and no room for emotional expression (Atherton, 2009). Even within a system supportive of unit morale, the positioning of a good-and-evil dichotomy undermines and isolates, fomenting disrespect for the other side in conflict and contributing to the undoing of soldier character (Shay, 1994). During



our conversations Parker expressed disagreement and dismay with a we-versus-them attitude he found among the combat troops in Afghanistan against the Afghan rebels.

Offenders have been isolated and retraumatized by the combination of confinement in prison followed by expectations of ideal behaviour upon release (Abram et al., 2004). In addition, particularly for the offenders, even a request for help would mean an acknowledgement of vulnerability that would be stigmatizing and possibly dangerous (Jarvis, 2009; Weeks & Widom, 1998). They also may be one of few groups of people living in groups yet not permitted to associate as a group. Abdulmumin, former youth gang member and forensic psychologist who writes and speaks on the failure of correctional systems to redeem or reform, argues that prison creates alienated prisoners by using its “coercive powers to achieve prisoner compliance” (1985, p. 142). However, the structure of prison means that virtually no inmate resides outside of a group<sup>13</sup> and even if prison officials discredit prison gangs or social networks, the reality is they are required to maintain prison stability, given there are many more inmates than staff (Abdulmumin, 1985).

It may go without saying that there are substantial differences in the way in which the military and the corrections systems deal with those in their care who have PTSD and other mental health disorders. And yet, the differences on the surface may cloud the similarities that exist if one but strips away the layers of culture in each system to the power imbalances that exist between staff and clients.

---

<sup>13</sup> An exception is the inmate in solitary confinement.

## **Towards a Recovery Trialectic**

Prisons, war zones, and military bases are not safe environments. There is violence and rage and death on a scale not imaginable to those who have never spent time in these settings. They are the ideal locations for exacerbating attitudes of hypermasculinity and heteronormativity among these populations, the hegemonic foundations of these societies. This is not a study of sex and gender attitudes and relations in these settings; however, attitudes and relations impact men's self concept and decisions on requesting help, seeking treatment, and connecting with groups and individuals, peers and professionals who may support their journeys of recovery (Gill & Tutty, 1989; Kilshaw, 2004; Shay, 2010; Stecker, Fortney, Hamilton, & Ajzen, 2007).

The transition to the community following confinement for offenders is often marked by stigma, rules and restrictions on behaviour, and reminders that one wrong move could return the individual to prison. The transition to the community following deployment to a toxic war environment such as Afghanistan may, as the military veterans discussed, pose substantial adjustment problems upon return. This represents a change of culture so severe that, as Demers notes, one identity must be completely replaced by another and individuals may "find themselves living between two social contexts that offer incompatible cultural narratives" (2011, p. 164). She is speaking of community transition for the veteran, but could equally be addressing the pressures facing the former inmate. Her findings mirror the experiences in the veterans Sumner worked with who think, when confronted with civilian situations, "You should be where I was."

The recovery perspectives resulting from this study blend so cohesively with the resilience and belonging perspectives that the outcome is not one, or even three, linear pathways but a trialectic of recovery encompassing the three, in what Gülerce refers to as a transformative

triangulation: three realms or areas “intrinsically different from, and yet symbiotically connected to” one another (2014, p. 91). In this trialectic, the individual is able to define and integrate resilience, built out of his trauma journey, in establishing social connections, and later perhaps belonging, and defining his individual sense of recovery - a flourishing life that includes setbacks and symptom management.

### **Reflexivity**

Research is sometimes criticized as benefiting the researcher over the researched, the participants. Participatory action research is recognized as one methodology that results in a cooperative inquiry that equalizes the relationship (Herda, 1999; Richards & Morse, 2007). Interpretative phenomenological analysis provides a similar egalitarian relationship between researcher and participant. Kim Etherington, herself a victim of childhood abuse, has researched the value of narratives and stories told of one’s abuse traumas to give voice to the “voiceless and isolated” (2005, p. 302). This work contributes to the still new body of knowledges from those with lived experience about their processes of care through psychological injuries in recovery journeys (Wisdom et al., 2008).

There were examples during the research conversations I had with the four participants of this study when they indicated they felt the project beneficial to them and their contribution to it important for themselves as well as for the project and me. Chris thanked me for calling him an expert; he said he feels that people with lived experience should be called on more often for their opinions and experiences. Mick showed his support for this project and the trust that grew during our interviews when he told me our conversations were as close as he had come at that point to completing a Fifth Step. For myself, I was a parole officer for approximately 20 years. I

continue work with ex-offenders in a volunteer peer- and community-support organization. I was less familiar with military accounts, although I have heard my father tell many stories of his war experiences. Over the years, I have listened to hundreds of accounts of trauma told to me, emotionally at times, stoically at other times. I thought myself impervious to tales of horrible, shattered lives. And yet, there were moments in our conversations, or in the hours following a taping or transcription or a period of writing when I simply had to stop and put on some music and reflect on the courage of these men who had honoured me with their accounts.

Interpretative phenomenological analysis was a clear methodological choice for my thesis. Its philosophical foundations fit well with my construction of life and society. Its ideographic use of a small number of participants accorded with my data-collection plans. I believe the double hermeneutics of participant and researcher, each with his or her own lived experiences and perceptions, is integral to IPA and to my research. I believe that an exploration of an individual's perceptions is integral to an applied focus for health research. As Smith says, there is "the important and profound point that delving deeper into the particular also takes us closer to the universal" (Smith, 2004, p. 42).

### **Study Strengths and Limitations**

This was a qualitative research study with four participants, all Canadian citizens, all residents of Atlantic Canada. I name as a strength the small sample size and intensive in-depth interviews and conversations that yielded remarkable richness of data.

While they have spent portions of their lives connected to either military or corrections systems in Canada, it should go without saying that these four men cannot be considered a representative sample of the soldiers or inmates in these institutions. The experiences discussed

by the participants are theirs alone; they may or may not be similar to the trauma and posttrauma experiences of others, including other men from military or correctional environments. The study did not include objective means of checking data, from health care records or institutional service or confinement; therefore, the possibility exists of recall bias, given the gap of years between occurrences of many of the traumas and the interviews.

Conscientious attention to the data and to rigorous application of transcription and coding and analysis standards have been given but this does not mean that another researcher might not use other portions of the transcripts to present a finding. As Larkin and Griffiths point out, the qualitative researcher aims for a plausible rather than an objective account, “always a filtered or selective account of the event itself” (2001, p. 308). Many rich conversations have been held with my supervisor who has provided numerous readings and feedback points from her perspective of qualitative research expert; and yet, she has not held my hand and the selections of texts and analysis data have been my responsibility alone. Koro-Ljungberg explains “it remains for the readers and the research community to decide whether the research is actually valid” (2008, p. 984).

## **CHAPTER 7: CONCLUSIONS**

This study examines hegemonic masculinity roles and identities through men’s psychological and social lifeworlds in response to trauma. The participants are from two aggressive environments: the military and corrections. They describe their existential journeys through severe and multiple traumas leading into and enduring within these systems; they reveal the problematic ideals of resistance that do not also embrace vulnerabilities and possibilities for transformation. Finally, they articulate their own moments of resilience and belonging in their

recovery pathways. They helped to formulate a number of elaborations and contributions to the current knowledge in the areas of trauma, resilience, and recovery. There are three primary conclusions in this study that contribute to the research base in these areas.

The first conclusion interrogates a view of PTSD as a response to traumas that other, stronger individuals were able to resist. The participants in this study clearly and forcefully articulated that their traumatic responses were an adaptive behaviour to moral injuries, particularly horrific events brought about by leadership acts of omission or commission. They also argued that the conversations - academically, clinically, and publicly - should include references to PTSD as an adaptive response when it is the result of horrific events and moral injuries.

The second conclusion challenges the blurred lines of resistance and resilience set forth in much of the literature. As found in this study, resistance to posttraumatic injuries means the injuries either did not occur or they were minor in nature and quickly treated; resilience means that one forms new agentic identities again following traumatic events and while living with life-long management of symptoms.

The third conclusion is that belonging is not essential in developing resilience and moving towards recovery trajectories, but connections with other people in the world are necessary and complete isolation is counter to recovery. Social contacts and social supports form a bridge between isolation and belonging.

This study is not directly about PTSD as a diagnosis; as I have stated throughout, three of the four participants have not been diagnosed with PTSD, at least not to their knowledge. Neither is it a position paper to defend or critique PTSD as a diagnosis. PTSD has been

criticized as a Western construct so altered and softened in the past 40 years that it now reflects, according to one critic, “a growing list of relatively commonplace events: accidents, muggings, a difficult labour (with healthy baby), verbal sexual harassment, or the shock of receiving (inaccurate) bad news from a doctor...” (Summerfield, 2001, p. 96). From the beginning, I wanted to explore men’s responses to trauma when those traumas were so severe that psychological dis-ease would be recognized by lay people, clinicians, and researchers as a natural and human response.

The results indicate the need for much more attention to psychological suffering of the traumatized and responses from institutions and the broader social forces to (re)integrate and (re)habilitate (Dorahy & van der Hart, 2015). The institutions and workers interacting with these men are challenged to examine their own interactions and interpretations of the experiences, knowledge, and contributions of the individuals in their care or custody.

### **Considerations for Educators and Youth Workers**

Much like soldiers of the late 19<sup>th</sup> and early 20<sup>th</sup> century wars, urban youth are being treated for diagnoses that focus upon individual pathology rather than for a more contextually developed diagnosis of PTSD (Bertram & Dartt, 2009). If these youth received a more normalizing primary diagnosis of PTSD, perhaps education, mental health, and social service providers might better understand and respond to them (Bertram & Dartt, 2009). The education systems held the most obvious blames in the cases of Mick, whose principal offered a suicide bullet, and Chris, whose vice-principal molested him for years. However, schools in the 1940s and 1950s would not discuss the post-World War II effects on the young students and Sumner was affected by the silence. Schools in the 1980s and 1990s did not proactively address family

problems or academic strengths for Parker and he left the system disenchanted with the school system. The education and the health promotion systems would support well-being for both marginalized and privileged youth with conversations among the leaders and the youth themselves of broader social constructs of inclusion.

### **Considerations for Military and Correctional Leaders and Support Organizations**

The work of researchers over the past decades to advance a moral injury lens in PTSD in combat veterans and abuse victims forms a large body of work in the field of chronic trauma (Alaggia & Millington, 2008; Castro, 2009; Fisher & Berdie, 1978; Herman, 1992; Kardiner, 1941; Kearney, Wechsler, Kaur, & Lemos-Miller, 2010; Litz et al., 2009; Shay, 1994). These findings support further research and policy / programming for military personnel with psychological trauma responses using a moral injury lens. Researchers have recommended that prison officials conduct assessments of and provide treatment for PTSD prior to, or in association with, standard treatments such as substance abuse programs (Erwin et al., 2000; Gibson, Holt, Fondacaro, Tang, Powell, & Turbitt, 1999). Further, given the risk to public safety of large numbers of traumatized offenders re-entering the community following custodial terms in prison, corrections agencies and officials are advised to explore reintegration programs and assessment tools to support community reintegration, including those currently used by the military for post-deployment veterans (Sayer et al., 2011). The finding in this study of comorbidity of substance abuse disorders and emotional and behavioural difficulties after exposure to psychological trauma is consistent with a large body of research and supports combining the treatments of the two disorders in addition treatment programs.



## **Situating Knowledges**

The work of Jonathan Shay has been referenced numerous times in this study and I turn again to his recommendation that researchers, clinicians, and institutional leaders look to PTSD sufferers for authentic definitions of resilience and belonging and recovery based on their lived experiences. Shay calls on his colleagues to step back from the ‘expert’ role and turn their attention to the voices and the expertise of the veterans (2011). The participants had the same advice: those who have experienced posttraumatic stress symptoms know best how their symptoms have gripped and taken over their lives and how approaches to recovery and treatments for their symptoms must reflect their contexts.

## **Future Research**

This project reveals a number of gaps in the extant literature on PTSD, resilience, belonging, and trauma recovery. One of the findings points to need for greater research in the area of stress resistance and resilience. In particular, future research exploring the concept of stress resistance as a competency emerging as part of resilience would add to the knowledge on trauma and recovery. The finding that respondents portrayed their emotional and behavioural difficulties as normal reactions following exposure to psychological trauma should be studied in a qualitative study with a larger sample size for confirmation and potential clinical utility. Finally, further research on recovery trajectories through multiple perspectives, including storytelling and cohesive networks, would structure recovery as a journey and part of a resilience-belonging-recovery trialectic rather than a destination.

The consequences of providing care, support, and therapeutic treatments to men who have survived multiple and horrific traumas, violent environments, stigma, and their own efforts

to navigate their worst psychological and behavioural symptoms is substantial for society: they will be able to contribute to their families (Ray & Vanstone, 2009), their careers (Aresti et al., 2010; Brown, 2011), and their communities (Flanagan & Davidson, 2009). They will survive.

## REFERENCES

- Abdulummin, E. M. (1985). Prisoner power and survival. In R.M. Carter, L.T. Wilkins, & D. Glaser (Eds.) *Correctional Institutions*. (pp. 140-160). New York, NY: Harper & Row.
- Abram, K.M., Teplin, L.A., Charles, D.R., Longworth, S.L., McClelland, G.M., Dulcan, M.K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of General Psychiatry*, 61 (4) 403-410.

- Addis, M. E., & Cohane, G. H. (2005). Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *Journal of Clinical Psychology, 61*(6), 633-647. doi:10.1002/jclp.20099
- Adelman, R. A. (2009). Sold(i)ering masculinity: Photographing the Coalition's male soldiers. *Men & Masculinities, 11*(3), 259-285.
- Adler, A. (1988). Problem children. (L. Fleisher, Trans.). *Individual Psychology: Journal of Adlerian Theory, Research & Practice, 44* (4), 406-416.
- Adler, A. B., Britt, T. W., Castro, C. A., McGurk, D., & Bliese, P. D. (2011). Effect of transition home from combat on risk-taking and health-related behaviors. *Journal of Traumatic Stress, 24*(4), 381-389. doi:10.1002/jts.20665
- Adshead, G. (2003). Do you feel lucky? assessing capacity to consent to research in forensic mental health care practice. In G. Adshead, & C. Brown (Eds.), *Ethical issues in forensic mental health research* (pp. 11-29). London, UK: Jessica Kingsley.
- Afifi, T. O., Asmundson, G. J. G., Taylor, S., & Jang, K. L. (2010). The role of genes and environment on trauma exposure and posttraumatic stress disorder symptoms: A review of twin studies. *Clinical Psychology Review, 30*(1), 101-112. doi:10.1016/j.cpr.2009.10.002
- Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect, 28*(11), 1213-1227.
- Alaggia, R., & Millington, G. (2008). Male child sexual abuse: A phenomenology of betrayal. *Clinical Social Work Journal, 36*(3), 265-275. doi:10.1007/s10615-007-0144-y

- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders (DSM-III)*. Washington, DC: APA. (DSM-III)
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. Washington, DC: APA. (DSM-IV)
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Washing, DC: APA. (DSM-5).
- Andersen, T. H. (2008). Men dealing with memories of childhood sexual abuse: Conditions and possibilities of 'positive deviance'. *Journal of Social Work Practice*, 22(1), 51-65. doi: 10.1080/02650530701872355
- Andresen, R., Oades, L., & Caputi, P. (2003). The experience of recovery from schizophrenia: Towards an empirically validated stage model. *Australian and New Zealand Journal of Psychiatry*, 37(5), 586-594. doi:10.1046/j.1440-1614.2003.01234.x/pdf
- Andrews, B., Brewin, C. R., Stewart, L., Philpott, R., & Hejdenberg, J. (2009). Comparison of immediate-onset and delayed-onset posttraumatic stress disorder in military veterans. *Journal of Abnormal Psychology*, 118(4), 767-777. doi:10.1037/a0017203
- Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, 16(4), 11.
- Archibald, H. C., Lang, D. M., Miller, C., & Tuddenham, R. D. (1962). Gross stress reactions in combat: A 15-year followup. *American Journal of Psychiatry*, 119, 317-322.
- Aresti, A., Eatough, V., & Brooks-Gordon, B. (2010). Doing time after time: An interpretative phenomenological analysis of reformed ex-prisoners' experiences of self-change, identity

- and career opportunities. *Psychology, Crime & Law*, 16(3), 169-190. doi:  
10.1080/10683160802516273
- Ashworth, P. (2008). Conceptual foundations of qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 4-25). London, UK: Sage.
- Atherton, S. (2009). Domesticating military masculinities: Home, performance and the negotiation of identity. *Social & Cultural Geography*, 10(8), 821-836. doi:  
10.1080/14649360903305791
- Bailey, B. A., & Davidson, J. W. (2003). Amateur group singing as a therapeutic instrument. *Nordic Journal of Music Therapy*, 12(1), 18-32.
- Baljon, M. C. L. (2011). Wounded masculinity: Transformation of aggression for male survivors of childhood abuse. *Person-Centered and Experiential Psychotherapies*, 10(3), 151-164. doi:10.1080/14779757.2011.599512
- Barkley Brown, E. (1989). African-American women's quilting: A framework for conceptualizing and teaching African-American women's history. *Signs: Journal of Women in Culture & Society*, 14(4), 921-929.
- Barrett, F. J. (1996). The organizational construction of hegemonic masculinity: The case of the US Navy. *Gender, Work & Organization*, 3(3), 129-142.
- Barrett, T. W., & Mizes, J. S. (1988). Combat level and social support in the development of posttraumatic stress disorder in Vietnam veterans. *Behavior Modification*, 12(1), 100-115. doi:10.1177/01454455880121005

- Barron, D. S., Davies, S. P., & Wiggins, R. D. (2008). Social integration, a sense of belonging and the cenotaph service: Old soldiers reminisce about remembrance. *Aging & Mental Health, 12*(4), 509-516. doi:10.1080/13607860802224268
- Bartone, P. T., & Wright, K. M. (1990). Grief and group recovery following a military air disaster. *Journal of Traumatic Stress, 3*(4), 523-539.
- Battle, C., Shea, M., Johnson, D., Yen, S., Zlotnick, C., Zanarini, M... & Morey, L. (2004). Childhood maltreatment associated with adult personality disorders: Findings from the collaborative longitudinal personality disorders study. *Journal of Personality Disorders, 18*, 193-211.
- Beardslee, W. R. (1989). The role of self-understanding in resilient individuals: The development of a perspective. *American Journal of Orthopsychiatry, 59*(2), 266-278.
- Beck, C. T. (2004). Post-traumatic stress disorder due to childbirth: The aftermath. *Nursing Research, 53*(4), 216-224.
- Beeble, M. L., & Salem, D. A. (2009). Understanding the phases of recovery from serious mental illness: The roles of referent and expert power in a mutual-help setting. *Journal of Community Psychology, 37*(2), 249-267. doi:10.1002/jcop.20291
- Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behaviour Research and Therapy, 42*(10), 1129-1148. doi:10.1016/j.brat.2003.08.008
- Bennett, D. C., & Kerig, P. K. (2014). Investigating the construct of trauma-related acquired callousness among delinquent youth: Differences in emotion processing. *Journal of Traumatic Stress, 27*(4), 415-422. doi:10.1002/jts.21931

- Bensimon, P., and Ruddell, R. (2010). *Veterans in Canadian correctional systems (2010, No. B-46)*. Ottawa, ON: Correctional Service of Canada
- Benson, M. L., Alarid, L. F., Burton, V. S., & Cullen, F. T. (2011). Reintegration or stigmatization? Offenders' expectations of community re-entry. *Journal of Criminal Justice*, 39(5), 385-393. doi:10.1016/j.jcrimjus.2011.05.004
- Bertram, R., & Dartt, J. (2009). Post traumatic stress disorder: A diagnosis for youth from violent, impoverished communities. *Journal of Child & Family Studies*, 18(3), 294-302. doi: 10.1007/s10826-008-9229-7
- Berntsen, D., Johannessen, K.B., Thomsen, Y.D., Bertelsen, M., Hoyle, R.H., & Rubin, D.C. (2012). Peace and War : Trajectories of Posttraumatic Stress Disorder Symptoms Before, During, and After Military Deployment in Afghanistan. *Psychological Science*, 23 (12), 1557-1565. doi: 10.1177/0956797612457389
- Bhimji, F. (2004). 'I want you to see us as a person and not as a gang member or a thug': Young people define their identities in the public sphere. *Identity: An International Journal of Theory and Research*, 4(1), 39-57. doi:10.1207/S1532706XID0401\_3
- Bille, D. A. (1993). Road to recovery. post-traumatic stress disorder: The hidden victim. *Journal of Psychosocial Nursing & Mental Health Services*, 31(9), 19.
- Blaauw, E., Arensman, E., Kraaij, V., Winkel, F. W., & Bout, R. (2002). Traumatic life events and suicide risk among jail inmates: The influence of types of events, time period and significant others. *Journal of Traumatic Stress*, 15(1), 9.
- Bliese, P. D., Wright, K. M., Adler, A. B., Cabrera, O., Castro, C. A., & Hoge, C. W. (2008). Validating the posttraumatic stress disorder screen and the posttraumatic stress disorder

- checklist for soldiers returning from combat. *Journal of Consulting and Clinical Psychology*, 76(2), 272-281.
- Blumer, H. (1969/1998). *Symbolic interactionism: Perspective and method*. Berkeley, CA: University of California Press.
- Boals, A., & Hathaway, L. M. (2010). The importance of the DSM-IV E and F criteria in self-report assessments of PTSD. *Journal of Anxiety Disorders*, 24(1), 161-166. doi:10.1016/j.janxdis.2009.10.004
- Boehnlein, J. K., & Sparr, L. F. (1993). Group therapy with WWII ex-POW's: Long term posttraumatic adjustment in a geriatric population. *American Journal of Psychotherapy*, 47(2), 273-282.
- Bolton, F. G. J., Morris, L. A., & MacEachron, A. E. (1989). *Males at risk: The other side of child sexual abuse*. Thousand Oaks, CA US: Sage Publications, Inc.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20-28. doi:10.1037/0003-066X.59.1.20
- Borkman, T. (2006). Sharing experience, conveying hope: Egalitarian relations as the essential method of Alcoholics Anonymous. *Nonprofit Management and Leadership*, 17(2), 145-161. doi:10.1002/nml.140
- Borus, J. F. (1973). Adjustment issues facing the Vietnam returnee. *Archives of General Psychiatry*, 28(4), 501-506.



- Boscarino, J. A. (1995). Post-traumatic stress and associated disorders among Vietnam veterans: The significance of combat exposure and social support. *Journal of Traumatic Stress, 8*(2), 317-336.
- Bowles, S. V., & Bates, M. J. (2010). Military organizations and programs contributing to resilience building. *Military Medicine, 175*(6), 382-385.
- Bradbury-Jones, C., Irvine, F., & Sambrook, S. (2010). Phenomenology and participant feedback: Convention or contention? *Nurse Researcher, 17*(2), 25-33.
- Braithwaite, J. (2000). Shame and criminal justice. *Canadian Journal of Criminology, 42*(3), 281-298.
- Breslau, N. (2002). Epidemiologic studies of trauma, posttraumatic stress disorder, and other psychiatric disorders. *Canadian Journal of Psychiatry, 47*(10), 923.
- Breslau, N., & Alvarado, G. F. (2007). The clinical significance criterion in DSM-IV post-traumatic stress disorder. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences, 37*(10), 1437-1444. doi:10.1017/S0033291707000426
- Breslau, N., & Davis, G. C. (1987). Posttraumatic stress disorder: The etiologic specificity of wartime stressors. *American Journal of Psychiatry, 144*, 578-583.
- Brewin, C. R., Andrews, B., & Rose, S. (2000). Fear, helplessness and horror in posttraumatic stress disorder: Investigating DSM-IV criterion A2 in victims of violent crime. *Journal of Traumatic Stress, 13*(3), 499-509.
- Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology, 68*(5), 748-766. doi:10.1037/0022-006X.68.5.748

- Brewin, C. R., Dalgliesh, T., & Joseph, S. (1996). A dual representation theory of posttraumatic stress disorder. *Psychological Review*, 103(4), 670-686.
- Brewin, C. R., Garnett, R., & Andrews, B. (2011). Trauma, identity and mental health in UK military veterans. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences*, 41(8), 1733-1740. doi:10.1017/S003329171000231X
- Brewin, C. R., Lanius, R. A., Novac, A., Schnyder, U., & Galea, S. (2009). Reformulating PTSD for DSM-V: Life after criterion A. *Journal of Traumatic Stress*, 22(5), 366-373.
- Brief, D. J., Rubin, A., Enggasser, J. L., Roy, M., & Keane, T. M. (2011). Web-based intervention for returning veterans with symptoms of posttraumatic stress disorder and risky alcohol use. *Journal of Contemporary Psychotherapy*, 41(4), 237-246. doi:10.1007/s10879-011-9173-5
- Briere, J., & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex posttraumatic states. *Journal of Traumatic Stress*, 18(5), 401-412.
- Brink, J. H., Doherty, D., & Boer, A. (2001). Mental disorder in federal offenders: A Canadian prevalence study. *International Journal of Law and Psychiatry*, 24(4/5), 339-356. doi:10.1016/S0160-2527(01)00071-1
- Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health*, 21(1), 87-108.
- Bronfenbrenner, U., & Evans, G.W. (2000). Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, 9(1), 115-125.

- Brooks, M. S., & Fulton, L. (2010). Evidence of poorer life-course mental health outcomes among veterans of the Korean war cohort. *Aging & Mental Health, 14*(2), 177-183. doi: 10.1080/13607860903046560
- Brown, C. (2003). Dangerous stories: Consent and confidentiality in health and social care research. In G. Adshead, & C. Brown (Eds.), *Ethical issues in forensic mental health research* (pp. 45-57). London, UK: Jessica Kingsley.
- Brown, L. D. (2009). Making it sane: Using narrative to explore theory in a mental health consumer-run organization. *Qualitative Health Research, 19*(2), 243-257. doi: 10.1177/1049732308328161
- Brown, A. D., Antonius, D., Kramer, M., Root, J. C., & Hirst, W. (2010). Trauma centrality and PTSD in veterans returning from Iraq and Afghanistan. *Journal of Traumatic Stress, 23*(4), 496-499. doi:10.1002/jts.20547
- Brown, C. (2011). Vocational psychology and ex-offenders' reintegration: A call for action. *Journal of Career Assessment, 19*(3), 333-342. doi:10.1177/1069072710395539
- Browne, A., & Finkelhor, D. (1988). Impact of child sexual abuse: A review of the research., 555-77.
- Browning, C. R. (2002). Trauma or transition: A life-course perspective on the link between childhood sexual experiences and men's adult well-being. *Social Science Research, 31*(4), 473-510. doi:10.1016/S0049-089X(02)00019-4
- Bruckner, D. F., & Johnson, P. E. (1987). Treatment for adult male victims of childhood sexual abuse. *Social Casework, 68*(2), 81-87.

- Bryant, R. A. (2010). The complexity of complex PTSD (editorial). *The American Journal of Psychiatry*, 167(8), 879-891.
- Burgess, J. P. (2012). Interpreters in trouble. *Marine Corps Gazette*, 96 (10), 30-32.
- Burns, R. A., & Anstey, K. J. (2010). The Connor–Davidson resilience scale (CD-RISC): Testing the invariance of a uni-dimensional resilience measure that is independent of positive and negative affect. *Personality and Individual Differences*, 48(5), 527-531. doi:10.1016/j.paid.2009.11.026
- Burns, S. M., & Mahalik, J. R. (2011). Suicide and dominant masculinity norms among current and former United States military servicemen. *Professional Psychology: Research and Practice*, 42(5), 347-353. doi:10.1037/a0025163
- Buzzanell, P. M. (2010). Resilience: Talking, resisting, and imagining new normalcies into being. *Journal of Communication*, 60(1), 1-14. doi:10.1111/j.1460-2466.2009.01469.x
- Campbell, D. (1993). Women in combat: The World War II experience in the United States, Great Britain, Germany, and the Soviet Union. *Journal of Military History*, 57(2), 301-323.
- Canada. Parliament. House of Commons. Standing Committee on National Defence. (2009). *Doing well and doing better: Health services provided to Canadian Forces personnel with an emphasis on posttraumatic stress disorder*. 40th Parl. 2nd sess. Retrieved from [http://dsp-psd.pwgsc.gc.ca/collection\\_2009/parl/XC34-402-1-1-01E.pdf](http://dsp-psd.pwgsc.gc.ca/collection_2009/parl/XC34-402-1-1-01E.pdf); <http://vre2.upei.ca/govdocs/fedora/repository/govdocs%3A732/PDF/PDF>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2014). *Tri-*

- council policy statement: *Ethical conduct for research involving humans*. (December, 2014). (TCPS2)
- Caputo, J. D. (1978). The question of being and transcendental phenomenology: Reflections on Heidegger's relationship to Husserl. In J. Sallis (Ed.), *Radical phenomenology: Essays in honor of Martin Heidegger* (pp. 84-105). Atlantic Highlands, NJ: Humanities Press.
- Carless, D., & Douglas, K. (2008). The role of sport and exercise in recovery from serious mental illness: Two case studies. *International Journal of Men's Health*, 7(2), 137-156. doi: 10.3149/jmh.0702.137
- Carr, A., Dooley, B., Fitzpatrick, M., Flanagan, E., Flanagan-Howard, R., Tierney, K.,... Egan, J. (2010). Adult adjustment of survivors of institutional child abuse in Ireland. *Child Abuse & Neglect*, 34, 477-489. doi:10.1016/j.chiabu.2009.11.003
- Carrigan, T.R., Connell, R.W., & Lee, J. (1985). Toward a new sociology of masculinity. *Theory and Society*, 14, 551-604.
- Castro, C. C. (2009). Impact of combat on the mental health and well-being of soldiers and marines. *Smith College Studies in Social Work (Haworth)*, 79(3-4), 247-262.
- Cecil, R., McCaughan, E., & Parahoo, K. (2010). 'It's hard to take because I am a man's man': An ethnographic exploration of cancer and masculinity. *European Journal of Cancer Care*, 19(4), 501-509. doi:10.1111/j.1365-2354.2009.01085.x
- Chandy, J. M., Blum, R. W., & Resnick, M. D. (1997). Sexually abused male adolescents: How vulnerable are they? *Journal of Child Sexual Abuse*, 6(2), 1-16. doi:10.1300/J070v06n02\_01
- Chapman, E., & Smith, J. A. (2002). Interpretive phenomenological analysis and the new genetics. *Journal of Health Psychology*, 7(2), 125-130.

- Chiang, V. C., Keatinge, D., & Williams, A. K. (2001). Challenges of recruiting a vulnerable population in a grounded theory study. *Nursing & Health Sciences*, 3(4), 205-211. doi: 10.1046/j.1442-2018.2001.00090.x
- Childers, T. (2009). *Soldier from the war returning: The greatest generation's troubled homecoming from World War II*. Boston, MA: Houghton Mifflin Harcourt.
- Choenarom, C., Williams, R. A., & Hagerty, B. M. (2005). The role of sense of belonging and social support on stress and depression in individuals with depression. *Archives of Psychiatric Nursing*, 19(1), 18-29. doi:10.1016/j.apnu.2004.11.003
- Chowdhry, G. (2007). Edward Said and contrapuntal reading: Implications for critical interventions in international relations. *Millennium -- Journal of International Studies*, 36(1), 101-116. doi:10.1177/03058298070360010701
- Clark, L. M. G. (1986). Boys will be boys: Beyond the Badgley report. *Canadian Journal of Women & the Law*, 2(1), 135-149.
- Clark, R. L. (2010). Punks, snitches, and real men: Negotiations of masculinity and rehabilitation among prison inmates. *Theory in Action*, 3(3), 63-97. doi:10.3798/tia.1937-0237.10027
- Clegg, J. W. (2006). A phenomenological investigation of the experience of not belonging. *Journal of Phenomenological Psychology*, 37(1), 53-83. doi:10.1163/156916206778150448
- Cloitre, M., Garvert, D.W., Weiss, B., Carlson, E.B., & Bryant, R.A. (2014). Distinguishing PTSD, complex PTSD, and borderline personality disorder: A latent class analysis. *European Journal of Psychotraumatology*, 5: 25097 - <http://dx.doi.org/10.3402/ejpt.v5.25097>

- Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B.A., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*(5), 399-408.
- Coalson, B. (1993). The trauma of war: Homecoming after Afghanistan. *Journal of Humanistic Psychology, 33*(4), 48-62. doi:10.1177/00221678930334006
- Cohn, E.G., & Rotton, J. (2006). Social Escape and Avoidance (SEA) Theory of Aggression and Violent Crime: An Integration of Psychological and Life Styles Theories of Crime and Aggression. In J.P. Morgan (Ed.) *Perspectives on the Psychology of Aggression, (pp. 1-33)*. Hauppauge, NY: Nova Science Publishers.
- Coles, T. (2009). Negotiating the field of masculinity: The production and reproduction of multiple dominant masculinities. *Men & Masculinities, 12*(1), 30-44.
- Condy, S. R., Templer, D. I., Brown, R., & Veaco, L. (1987). Parameters of sexual contact of boys with women. *Archives of Sexual Behavior, 16*(5), 379-394. doi:10.1007/BF01541421
- Connell, R. W. (1989). Cool guys, swots and wimps: The interplay of masculinity and education. *Oxford Review of Education, 15* (3), 291-303.
- Connell, R. W. (2004). Encounters with structure. *International Journal of Qualitative Studies in Education, 17*(1), 11-28. doi:10.1080/0951839032000150202
- Connell, R.W., & Messerschmidt, J.W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society, 19* (6), 829-859
- Conner, K. R., Britton, P. C., Sworts, L. M., & Joiner, T. E., Jr. (2007). Suicide attempts among individuals with opiate dependence: The critical role of belonging. *Addictive Behaviors, 32*(7), 1395-1404. doi:10.1016/j.addbeh.2006.09.012

- Connolly, M., & Woollons, R. (2008). Childhood sexual experience and adult offending: An exploratory comparison of three criminal groups. *Child Abuse Review, 17*(2), 119-132.
- Cox, K. S., Resnick, H. S., & Kilpatrick, D. G. (2014). Prevalence and correlates of posttrauma distorted beliefs: Evaluating DSM-5 PTSD expanded cognitive symptoms in a national sample. *Journal of Traumatic Stress, 27*(3), 299-306. doi:10.1002/jts.21925
- Creamer, M., Morris, P., Biddle, D., & Elliott, P. (1999). Treatment outcome in Australian veterans with combat-related posttraumatic stress disorder: A cause for cautious optimism? *Journal of Traumatic Stress, 12*(4), 545.
- Creamer, M., Wade, D., Fletcher, S., & Forbes, D. (2011). PTSD among military personnel. *International Review of Psychiatry, 23*(2), 160-165. doi:10.3109/09540261.2011.559456
- Currie, S. L., Day, A., & Kelloway, E. K. (2011). Bringing the troops back home: Modeling the postdeployment reintegration experience. *Journal of Occupational Health Psychology, 16*(1), 38-47. doi:10.1037/a0021724
- Daigle, M. S. (2007). Mental health and suicide prevention services for Canadian prisoners. *International Journal of Prisoner Health, 3*(2), 163-171. doi:10.1080/17449200701321779
- Daigneault, I., Hébert, M., & Tourigny, M. (2006). Attributions and coping in sexually abused adolescents referred for group treatment. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 15*(3), 35-59. doi:10.1300/J070v15n03\_03
- Danielson, C. K., Macdonald, A., Amstadter, A. B., Hanson, R., de Arellano, M. A., Saunders, B. E., & Kilpatrick, D. G. (2010). Risky behaviors and depression in conjunction with—or in



- the absence of—lifetime history of PTSD among sexually abused adolescents. *Child Maltreatment*, 15(1), 101-107. doi:10.1177/1077559509350075
- Davidson, A. S. (2009). How does the general practitioner understand the patient? A qualitative study about psychological interventions in general practice. *Psychology and Psychotherapy: Theory, Research and Practice*, 82(2), 199-217. doi:10.1348/147608308X377358
- Davidson, L., Borg, M., Mann, I., Topor, A., Mezzina, R., & Sells, D. (2005). Processes of recovery in serious mental illness: Findings from a multinational study. *American Journal of Psychiatric Rehabilitation*, 8(3), 177-201. doi:10.1080/15487760500339360
- Davidson, L., O'Connell, M. J., Tondora, J., Staeheli, M., & Evans, A. C. (2005). Recovery in serious mental illness: Paradigm shift or shibboleth? In L. Spaniol (Ed.), *Recovery from severe mental illnesses: Research evidence and implications for practice, vol 1*. (pp. 5-26). Boston, MA: Center for Psychiatric Rehabilitation/Boston U.
- Davidson, L., & Roe, D. (2007). Recovery from versus recovery in serious mental illness: One strategy for lessening confusion plaguing recovery. *Journal of Mental Health*, 16(4), 459-470. doi:10.1080/09638230701482394
- Davidson, L., Shaw, J., Welborn, S., Mahon, B., Sirota, M., Gilbo, P., . . . Pelletier, J. (2010). 'I don't know how to find my way in the world': Contributions of user-led research to transforming mental health practice. *Psychiatry: Interpersonal and Biological Processes*, 73(2), 101-113. doi:10.1521/psyc.2010.73.2.101
- Davydov, D. M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, 24, 495. doi:10.1016/j.cpr.2010.03.003

- Dekel, R., & Nuttman-Shwartz, O. (2009). Posttraumatic stress and growth: The contribution of cognitive appraisal and sense of belonging to the country. *Health & Social Work, 34*(2), 87-96.
- Del Vecchio, N., Elwy, A. R., Smith, E., Bottonari, K. A., & Eisen, S. V. (2011). Enhancing self-report assessment of PTSD: Development of an item bank. *Journal of Traumatic Stress, 24*(2), 191-199. doi:10.1002/jts.20611
- Delaney, K. M. (2010). Recovery paradigm: Confession of the unenlightened. *Archives of Psychiatric Nursing, 24*(2), 137-139.
- Demers, A. (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma, 16*(2), 160-179. doi:10.1080/15325024.2010.519281
- Demetriou, D. Z. (2001) Connell's concept of hegemonic masculinity: a critique, *Theory & Society, 30*(3), pp. 337–361.
- Denzin, N.K. (2009). *The alcoholic society: Addiction and recovery of the self*. (4th ed.). New Brunswick, NJ: Transaction Publishers
- Denzin, N. K., & Lincoln, Y. S. (1994). Introduction: Entering the field of qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 1-42). Thousand Oaks, CA: Sage.
- Denzin, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed., pp. 1-20). Thousand Oaks, CA: Sage.

- Dhaliwal, G. K., Gauzas, L., Antonowicz, D. H., & Ross, R. R. (1996). Adult male survivors of childhood sexual abuse: Prevalence, sexual abuse characteristics, and long-term effects. *Clinical Psychology Review, 16*(7), 619-639. doi:10.1016/S0272-7358(96)00018-9
- Diamond. (2009). How to support recovery for people with mental illness. *Psychiatric Services, 60*(9), 1155.
- Dibsdall, L. A., Lambert, N., & Frewer, L. J. (2002). Using interpretative phenomenology to understand the food-related experiences and beliefs of a select group of low-income UK women. *Journal of Nutrition Education & Behavior, 34*(6), 298-309.
- Dohrenwend, B. P., Turner, J. B., Turse, N. A., Adams, B. G., Koenen, K. C., & Marshall, R. (2006). The psychological risks of Vietnam for U.S. veterans: A revisit with new data and methods. *Science, 313*(5789), 979-982.
- Dorahy, M. J. (2010). The impact of dissociation, shame, and guilt on interpersonal relationships in chronically traumatized individuals: A pilot study. *Journal of Traumatic Stress, 23*(5), 653-656. DOI10.1002/jts.20564
- Dorahy, M.J., & van der Hart, O. (2015). *DSM–5’s* posttraumatic stress disorder with dissociative symptoms: Challenges and future directions. *Journal of Trauma and Dissociation, 16* (1), 7-28. DOI: 15299732.2014.908806
- Dorrepaal, E., Thomaes, K., Smit, J. H., van Balkom, Anton J. L. M., van Dyck, R., Veltman, D. J., & Draijer, N. (2010). Stabilizing group treatment for complex posttraumatic stress disorder related to childhood abuse based on psycho-education and cognitive behavioral therapy: A pilot study. *Child Abuse & Neglect, 34*(4), 284-288. doi:10.1016/j.chiabu.2009.07.003

- Drake, A.J., & Henley, D.H. (2014). 'Victims' Versus 'Offenders' in British Political Discourse: The Construction of a False Dichotomy. *The Howard Journal* 53 (2), 141-157. DOI: 10.1111/hojo.12057 ISSN 0265-5527
- Draucker, C. B. (1992). Construing benefit from a negative experience of incest. *Western Journal of Nursing Research*, 14(3), 343-357.
- Draucker, C. B., & Martsolf, D. (2010). Life-course typology of adults who experienced sexual violence. *Journal of Interpersonal Violence*, 25(7), 1155-1182. doi: 10.1177/0886260509340537
- Draucker, C. B., Martsolf, D. S., & Poole, C. (2009). Developing distress protocols for research on sensitive topics. *Archives of Psychiatric Nursing*, 23(5), 343-350. doi:10.1016/j.apnu.2008.10.008
- Draucker, C. B., & Petrovic, K. (1996). Healing of adult male survivors of childhood sexual abuse. *Image: Journal of Nursing Scholarship*, 28(4), 325-330.
- Dressler, D. (1946). Men on parole as soldiers in World War II. *The Social Service Review*, 20(4), 537-550.
- Drew, P. (2008). Conversation analysis. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. (2<sup>nd</sup> ed. pp. 133-159). London, UK: Sage.
- Dreyfus, H. L., & Rabinow, P. (1983). *Michel Foucault: Beyond structuralism and hermeneutics* (2nd ed.). Chicago, IL: University of Chicago Press.
- Dryden, C., Doherty, K., & Nicolson, P. (2010). Accounting for the hero: A critical psycho-discursive approach to children's experience of domestic violence and the construction of

- masculinities. *British Journal of Social Psychology*, 49(1), 189-205. doi: 10.1348/014466609X438225
- Duffy, J. T. (2010). A heroic journey: Re-conceptualizing adjustment disorder through the lens of the hero's quest. *Journal of Systemic Therapies*, 29(4), 1-16. doi:10.1521/jsyt.2010.29.4.1
- Duma, S. J., Reger, M. A., Canning, S. S., McNeil, J. D., & Gahm, G. A. (2010). Longitudinal mental health screening results among postdeployed U.S. soldiers preparing to deploy again. *Journal of Traumatic Stress*, 23(1), 52-58. doi:10.1002/jts.20484
- Dunbar-Miller, R.A. (1984). Alcohol and the fighting man: An historical review. *Journal of the Royal Army Medical Corps*, 130, 117-121
- Durham, A. (2003). Young men living through and with child sexual abuse: A practitioner research study. *British Journal of Social Work*, 33 (3), 309-323
- Dutton D, Hart S (1992) Evidence for long-term, specific effects of childhood abuse and neglect on criminal behaviour in men. *International Journal of Offender Therapy and Comparative Criminology* 36(2): 129–137.
- Dyer, K. F. W., Dorahy, M. J., Hamilton, G., Corry, M., Shannon, M., MacSherry, A., . . . McElhill, B. (2009). Anger, aggression, and self-harm in PTSD and complex PTSD. *Journal of Clinical Psychology*, 65(10), 1099-1114. doi:10.1002/jclp.20619
- East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: An approach that can help to develop resilience. *Nurse Researcher*, 17(3), 17-25.
- Eatough, V., & Smith, J. A. (2006a). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology*, 97(4), 483-498. doi:10.1348/000712606X97831

- Eatough, V., & Smith, J. A. (2006b). I feel like a scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative phenomenological analysis. *Psychology & Psychotherapy: Theory, Research & Practice*, 79(1), 115-135. doi: 10.1348/147608305X41100
- Edley, N. (2006). Never the twain shall meet: A critical appraisal of the combination of discourse and psychoanalytic theory in studies of men and masculinity. *Sex Roles*, 55(9-10), 601-608. doi:10.1007/s11199-006-9116-x
- Ehlers, A., Bisson, J., Clark, D. M., Creamer, M., Pilling, S., Richards, D., . . . Yule, W. (2010). Do all psychological treatments really work the same in posttraumatic stress disorder? *Clinical Psychology Review*, 30(2), 269-276. doi:10.1016/j.cpr.2009.12.001
- Eichorn, D., Brähler, E., Franz, M., Friedrich, M., & Glaesmer, H. (2014). Traumatic experiences, alexithymia, and posttraumatic symptomatology: A cross-sectional population-based study in Germany. *European Journal of Psychotraumatology*, 5, 23870 - <http://dx.doi.org/10.3402/ejpt.v5.23870>
- Elder, G. H. J., & Clipp, E. C. (1988). Combat experience, comradeship, and psychological health. In B. Kahana (Ed.), *Human adaptation to extreme stress: From the Holocaust to Vietnam*. (pp. 131-156). New York, NY US: Plenum Press.
- Elder, G. H. J., & Clipp, E. C. (1989). Combat experience and emotional health: Impairment and resilience in later life. *Journal of Personality*, 57(2), 312-341.
- Engdahl, B. E., Eberly, R. E., & Blake, J. D. (1996). Assessment of posttraumatic stress disorder in World War II veterans. *Psychological Assessment*, 8(4), 445-449. doi: 10.1037/1040-3590.8.4.445

- English, A.D. (2000). Leadership and operational stress in the Canadian Forces. *Canadian Military Journal*, (Autumn), 33-38.
- Erikson, E. (1968). *Identity: Youth in Crisis* (p. 94). New York: W.W. Norton.
- Erickson, R.W. (1967). Some historical connections between existentialism, daseinsanalysis, phenomenology, and the Wurzburg school. *Journal of General Psychology*, 76(1), 3-24.
- Erwin, B. A., Newman, E., McMackin, R. A., Morrissey, C., & Kaloupek, D. G. (2000). PTSD, malevolent environment, and criminality among criminally involved male adolescents. *Criminal Justice and Behavior*, 27(2), 196-215. doi:10.1177/0093854800027002004
- Etherington, K. (2005). Researching trauma, the body and transformation: A situated account of creating safety in unsafe places. *British Journal of Guidance & Counselling*, 33(3), 299-313. doi:10.1080/03069880500179400
- Evans, C., Ehlers, A., Mezey, G., & Clark, D. M. (2007). Intrusive memories and ruminations related to violent crime among young offenders: Phenomenological characteristics. *Journal of Traumatic Stress*, 20(2), 183-196. doi:10.1002/jts.20204
- Ewalt, J. R. (1981). What about the Vietnam veteran? *Military Medicine*, 146(3), 165-167.
- Fazel, S., & Danesh, J. (2002). Serious mental disorders in 23,000 prisoners: a systematic review of 62 surveys. *Lancet* 359: 545–550.
- Feldthusen, B., Hankivsky, O., & Greaves, L. (2000). Therapeutic consequences of civil actions for damages and compensation claims by victims of sexual abuse. *Can. J. Women & L.*, 12, 66.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S. Relationship of childhood abuse and household dysfunction to many of the

- leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14 (4), 245-258.
- Fikretoglu, D., Brunet, A., Schmitz, N., Guay, S., & Pedlar, D. (2006). Posttraumatic stress disorder and treatment seeking in a nationally representative Canadian military sample. *Journal of Traumatic Stress*, 19(6), 847-858. doi:10.1002/jts.20164
- Fildes, D., Cass, Y., Wallner, F., & Owen, A. (2010). Shedding light on men: The building healthy men project. *Journal of Men's Health*, 7(3), 233-240. doi:10.1016/j.jomh.2010.08.008
- Finkelhor, D., & Browne, A. (1988). Assessing the long-term impact of child sexual abuse: A review and conceptualization. In G. T. Hotaling, D. Finkelhor, J. T. Kirkpatrick, M. A. Straus, G. T. Hotaling, D. Finkelhor, . . . M. A. Straus (Eds.), *Family abuse and its consequences: New directions in research*. (pp. 270-284). Thousand Oaks, CA US: Sage Publications, Inc.
- Fischer, C. T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, 19(4-5), 583-590. doi:10.1080/10503300902798375
- Fisher, B., & Berdie, J. (1978). Adolescent abuse and neglect: Issues of incidence, intervention and service delivery. *Child Abuse & Neglect*. 1978 2(3),173-192 DOI: 10.1016/0145-2134(78)90026-1
- Fisher, C. B., & Goodman, S. J. (2009). Goodness-of-fit ethics for nonintervention research involving dangerous and illegal behaviours. In D. R. Buchanan, C. B. Fisher & L. Gable (Eds.), *Research with high-risk populations: Balancing science, ethics, and law* (pp. 25-46). Washington, DC: American Psychological Association.



- Fitzpatrick, M., Carr, A., Dooley, B., Flanagan-Howard, R., Flanagan, E., Tierney, K., ... Egan, J. (2010). Profiles of adult survivors of severe sexual, physical and emotional institutional abuse in Ireland. *Child Abuse Review, 19* (6), 387-404.
- Flanagan, E. H., & Davidson, L. (2009). Passing for 'normal': Features that affect the community inclusion of people with mental illness. *Psychiatric Rehabilitation Journal, 33*(1), 18-25. doi:10.2975/33.1.2009.18.25
- Fleisher, M. S., & Decker, S. H. (2001). Going home, staying home: Integrating prison gang members into the community. *Corrections Management Quarterly, 5*(1), 65-77.
- Foa, E. B., Ehlers, A., Clark, D.M., Tolin, D. F., & Orsillo, S. M. (1999). The Posttraumatic Cognitions Inventory (PTCI): Development and validation. *Psychological Assessment, 11* (3), 303-314,
- Fontana, A., & Rosenheck, R. (1998). Psychological benefits and liabilities of traumatic exposure in the war zone. *Journal of Traumatic Stress, 11*(3), 485-503.
- Fontana, A., & Rosenheck, R. (1994). Traumatic war stressors and psychiatric symptoms among World War II, Korean, and Vietnam war veterans. *Psychology and Aging, 9*(1), 27-33. doi: 10.1037/0882-7974.9.1.27
- Forbes, D., Parslow, R., Creamer, M., Allen, N., McHugh, T., & Hopwood, M. (2008). Mechanisms of anger and treatment outcome in combat veterans with posttraumatic stress disorder. *Journal of Traumatic Stress, 21* (2), 142-149. doi: 10.1002/jts.20315
- Ford, J. D., & Kidd, P. (1998). Early childhood trauma and disorders of extreme stress as predictors of treatment outcome with chronic posttraumatic stress disorder. *Journal of Traumatic Stress, 11*(4), 743.

- Ford, J. D., & Smith, S. F. (2008). Complex posttraumatic stress disorder in trauma-exposed adults receiving public sector outpatient substance abuse disorder treatment. *Addiction Research & Theory, 16*(2), 193-203. doi:10.1080/16066350701615078
- Foucault, M. (1977). *Discipline and punish: The birth of a prison* (A. Sheridan Trans.). New York, NY: Pantheon.
- Foy, D. W., Sippelle, R. C., Rueger, D. B., & Carroll, E. M. (1984). Etiology of posttraumatic stress disorder in Vietnam veterans: Analysis of premilitary, military, and combat exposure influences. *Journal of Consulting and Clinical Psychology, 52*(1), 79-87. doi:10.1037/0022-006X.52.1.79
- French, L., & Wailer, S. N. (1983). The post-Vietnam traumatic stress disorder: A clinical dilemma. *International Journal of Offender Therapy and Comparative Criminology, 27*(3), 218-225. doi:10.1177/0306624X8302700304
- Freud, S., (1910). The origin and development of psychoanalysis. *The American Journal of Psychology, 21* (2), 181-218.
- Frie, R. (2010). A hermeneutics of exploration: The interpretive turn from Binswanger to Gadamer. *Journal of Theoretical and Philosophical Psychology, 30*(2), 79-93. doi:10.1037/a0021570
- Friedman, M. J. (2013). Finalizing PTSD in DSM-5: Getting here from there and where to go next. *Journal of Traumatic Stress, 26* (5), 548-556. doi:10.1002/jts.21840
- Friedrich. (1988). Behavior problems in young sexually abused boys: A comparison study. *Journal of Interpersonal Violence, 3*(1), 21-28.

- Furuya, K. (2002). A socio-economic model of stigma and related social problems. *Journal of Economic Behavior & Organization*, 48(3), 281-290. doi:10.1016/S0167-2681(01)00231-1
- Garnezy, N. (1971). Vulnerability research and the issue of primary prevention. *American Journal of Orthopsychiatry*, 4 (1), 101-116
- Garnezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, 34 (4), 416-430.
- Gartner, R. B. (1999a). *Betrayed as boys: Psychodynamic treatment of sexually abused men*. New York, NY US: Guilford Press.
- Gartner, R. B. (1999b). Sexual victimization of boys by men: Meanings and consequences. *Journal of Gay & Lesbian Psychotherapy*, 3(2), 1-33. doi:10.1300/J236v03n02\_01
- Gibson, L. E., Holt, J. C., Fondacaro, K. M., Tang, T. S., Powell, T. A., & Turbitt, E. L. (1999). An examination of antecedent traumas and psychiatric comorbidity among male inmates with PTSD. *Journal of Traumatic Stress*, 12(3), 473-484. doi:10.1023/A:1024767020280
- Gideon, L. (2011). Rehabilitation, reentry, and reintegration in criminal justice education. In L. Gideon, H. Sung, L. Gideon & H. Sung (Eds.) *Rethinking corrections: Rehabilitation, reentry, and reintegration*. (pp. 383-398). Thousand Oaks, CA US: Sage Publications, Inc.
- Gill, M., & Tutty, L. M. (1999). Male survivors of childhood sexual abuse: A qualitative study and issues for clinical consideration. *Journal of Child Sexual Abuse*, 7(3), 19-33. doi: 10.1300/J070v07n03\_02
- Gillespie, M., & Flowers, P. (2009). From the old to the new: Is forensic mental health nursing in transition? *Journal of Forensic Nursing*, 5(4), 212-219. doi:10.1111/j.1939-3938.2009.01056.x

- Ginzburg, K., Koopman, C., Butler, L. D., Palesh, O., Kraemer, H. C., Classen, C. C., & Spiegel, D. (2006). Evidence for a dissociative subtype of post-traumatic stress disorder among help-seeking childhood sexual abuse survivors. *Journal of Trauma & Dissociation*, 7(2), 7–27.
- Giorgi, A. (2005). The phenomenological movement and research in the human sciences. *Nursing Science Quarterly*, 18(1), 75-82.
- Giorgi, A. (2010). Phenomenology and the practice of science. *Existential Analysis: Journal of the Society for Existential Analysis*, 21(1), 3-22.
- Gittler, J. B. (1951). Social Ontology and the Criteria for Definitions in Sociology. *Sociometry*, 355-365.
- Gleiser, K., Ford, J. D., & Fosha, D. (2008). Contrasting exposure and experiential therapies for complex posttraumatic stress disorder. *Psychotherapy: Theory, Research, Practice, Training*, 45(3), 340-360. doi:10.1037/a0013323
- Glover, H. (1988). Four syndromes of post-traumatic stress disorder: Stressors and conflicts of the traumatized with special focus on the Vietnam combat veteran. *Journal of Traumatic Stress*, 1(1), 57-78. doi:10.1002/jts.2490010106
- Goff, A., Rose, E., Rose, S., & Purves, D. (2007). Does PTSD occur in sentenced prison populations? A systematic literature review. *Criminal Behaviour and Mental Health*, 17(3), 152-162. doi:10.1002/cbm.653
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New York: NY: Simon & Schuster, Inc.

- Goldberg, R. W., & Resnick, S. G. (2010). US department of veterans affairs (VA) efforts to promote psychosocial rehabilitation and recovery. *Psychiatric Rehabilitation Journal*, 33(4), 255-258. doi:10.2975/33.4.2010.255.258
- Gould, M., Greenberg, N., & Hetherington, J. (2007). Stigma and the military: Evaluation of a PTSD psychoeducational program. *Journal of Traumatic Stress*, 20(4), 505-515. doi:10.1002/jts.20233
- Green, G., Emslie, C., O'Neill, D., Hunt, K., & Walker, S. (2010). Exploring the ambiguities of masculinity in accounts of emotional distress in the military among young ex-servicemen. *Social Science & Medicine*, 71(8), 1480-1488. doi:10.1016/j.socscimed.2010.07.015
- Greenberg, G. A., & Rosenheck, R. A. (2009). Mental health and other risk factors for jail incarceration among male veterans. *Psychiatric Quarterly*, 80(1), 41-53. doi:10.1007/s11126-009-9092-8
- Griffin, M. G., Resick, P. A., Waldrop, A. E., & Mechanic, M. B. (2003). Participation in trauma research: Is there evidence of harm? *Journal of Traumatic Stress*, 16(3), 221.
- Grossman, F. K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse. *American Journal of Orthopsychiatry*, 76(4), 434-443. doi:10.1037/0002-9432.76.4.434
- Grounds, A., & Jamieson, R. (2003). No sense of an ending: Researching the experience of imprisonment and release among republican ex-prisoners. *Theoretical Criminology*, 7(3), 347-362.
- Grov, C., Bux, D. J., Parsons, J. T., & Morgenstern, J. (2009). Recruiting hard-to-reach drug-using men who have sex with men into an intervention study: Lessons learned and

- implications for applied research. *Substance use & Misuse*, 44(13), 1855-1871. doi: 10.3109/10826080802501570
- Guay, S., Billette, V., & Marchand, A. (2006). Exploring the links between posttraumatic stress disorder and social support: Processes and potential research avenues. *Journal of Traumatic Stress*, 19(3), 327-338. doi:10.1002/jts.20124
- Guchereau, M., Jourkiv, O., & Zametkin, A. (2009). Mental disorders among adolescents in juvenile detention and correctional facilities: Posttraumatic stress disorder is overlooked. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(3), 340-341. doi: 10.1097/CHI.0b013e3181949004
- Gülerce, A. (2014). Before and beyond dialogicality: Transformative trialectics of human dialogues. *New Ideas in Psychology*, 32, 88-98.
- Habermas, J. (1983/1990). *Moral consciousness and communicative action* [Moralbewusstsein und Kommunikatives Handeln] (C. Lenhardt, S. Weber Nicholsen Trans.). Cambridge, MA: The MIT Press.
- Habermas, J. (1992). In P. Dews (Ed.) *Autonomy & solidarity: Interviews with Jürgen Habermas* (Revised ed.). London, UK: Verso.
- Hadfield, J., Brown, D., Pembroke, L., & Hayward, M. (2009). Analysis of accident and emergency doctors' responses to treating people who self-harm. *Qualitative Health Research*, 19(6), 755-765. doi:10.1177/1049732309334473
- Hagerty, B. M., Lynch-Sauer, J., Patusky, K. L., Bouwsema, M., & Collier, P. (1992). Sense of belonging: A vital mental health concept. *Archives of Psychiatric Nursing*, 6(3), 172-177. doi:10.1016/0883-9417(92)90028-H

- Hagerty, B. M., Williams, R. A., Coyne, J. C., & Early, M. R. (1996). Sense of belonging and indicators of social and psychological functioning. *Archives of Psychiatric Nursing*, 10(4), 235-244. doi:10.1016/S0883-9417(96)80029-X
- Hagerty, B. M., Williams, R. A., & Oe, H. (2002). Childhood antecedents of adult sense of belonging. *Journal of Clinical Psychology*, 58(7), 793-801. doi:10.1002/jclp.2007
- Hall, D. K. (1999). 'Complex' posttraumatic stress disorder/disorders of extreme stress (CP/DES) in sexually-abused children: An exploratory. *Journal of Child Sexual Abuse: Research, Treatment & Program Innovations for Victims, Survivors & Offenders*, 8(4), 51-71.
- Hamill, C., & Sinclair, H. A. H. (2010). Bracketing - practical considerations in Husserlian phenomenological research. *Nurse Researcher*, 17(2), 16-24.
- Hamilton, J. D., & Workman, R. H. (1998). Persistence of combat-related posttraumatic stress symptoms for 75 years. *Journal of Traumatic Stress*, 11(4), 763-769.
- Handbook of PTSD : Science and practice* (2007). In Friedman M. J., Keane T. M. and Resick P. A. (Eds.), . New York, NY, USA: Guilford Press.
- Harman, R., & Lee, D. (2010). The role of shame and self-critical thinking in the development and maintenance of current threat in post-traumatic stress disorder. *Clinical Psychology & Psychotherapy*, 17(1), 13-24.
- Harries, K. (1978). Death and utopia: Towards a critique of the ethics of satisfaction. In J. Sallis (Ed.), *Radical phenomenology: Essays in honor of Martin Heidegger* (pp. 138-152). Atlantic Highlands, NJ: Humanities Press.

- Harvey, M. R., Mishler, E. G., Koenen, K., & Harney, P. A. (2000). In the aftermath of sexual abuse: Making and remaking meaning in narratives of trauma. *Narrative Inquiry, 10*, 291-311.
- Hatchell, H. (2006). Masculinities and violence: Interruption of hegemonic discourses in an English classroom. *Discourse: Studies in the Cultural Politics of Education, 27*(3), 383-397. doi:10.1080/01596300600838843
- Hearn, J. (2004). From hegemonic masculinity to the hegemony of men. *Feminist Theory, 5*(1), 49-72. doi:10.1177/1464700104040813
- Hefferon, K., & Gil-Rodriguez, E. (2011). Interpretative phenomenological analysis. *The Psychologist, 24*(10), 756-759.
- Heidegger, M. (1927/1962). *Being and time* [Sein und Zeit] (J. Macquarrie, E. Robinson Trans.). New York, NY: Harper & Row.
- Heidegger, M. (1972). *On time and being* (J. Stambaugh Trans.). New York, NY: Harper & Row.
- Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology, 74*(5), 797-816. doi:10.1037/0022-006X.74.5.797
- Hendin, H. (1984). Combat never ends: The paranoid adaptation to posttraumatic stress. *American Journal of Psychotherapy, 38*(1), 121-131.
- Hepburn, J. M. (1994). The implications of contemporary feminist theories of development for the treatment of male victims of sexual abuse. *Journal of Child Sexual Abuse, 3*(4), 1-18. doi:10.1300/J070v03n04\_01



- Herda, E. A. (1999). *Research conversations and narrative: A critical hermeneutic orientation in participatory inquiry*. Westport, CT: Praeger Publishers.
- Herman, J. L. (1992a). Complex PTSD: A syndrome in survivors of repeated and prolonged trauma. *Journal of Traumatic Stress*, 5(3), 377.
- Herman, J. L. (1992b). *Trauma and recovery*. New York, NY US: Basic Books.
- Hickerson, R. (2009). Neglecting the question of being: Heidegger's argument against Husserl. *Inquiry*, 52(6), 574-595. doi:10.1080/00201740903377842
- Higginson, S., & Mansell, W. (2008). What is the mechanism of psychological change? A qualitative analysis of six individuals who experienced personal change and recovery. *Psychology and Psychotherapy: Theory, Research and Practice*, 81(3), 309-328. doi: 10.1348/147608308X320125
- Hill, D. L. (2006). Sense of belonging as connectedness, American Indian worldview, and mental health. *Archives of Psychiatric Nursing*, 20(5), 210-216. doi:10.1016/j.apnu.2006.04.003
- Hinkle, G. J. (1992). Habermas, Mead, and rationality. *Symbolic Interaction*, 15(315), 331.
- Hirose, A., & Pih, K. K. (2010). Men who strike and men who submit: Hegemonic and marginalized masculinities in mixed martial arts. *Men & Masculinities*, 13(2), 190-209. doi: 10.1177/1097184X09344417
- Hirschfield, P. J., & Piquero, A. R. (2010). Normalization and legitimation: Modeling stigmatizing attitudes toward ex-offenders. *Criminology: An Interdisciplinary Journal*, 48(1), 27-55. doi:10.1111/j.1745-9125.2010.00179.x

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004).

Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351(1), 13-22.

Hoge, E. A., Austin, E. D., & Pollack, M. H. (2007). Resilience: Research evidence and conceptual considerations for posttraumatic stress disorder. *Depression and Anxiety*, 24(2), 139-152.

Holmes, G. R., Offen, L., & Waller, G. (1997). See no evil, hear no evil, speak no evil: Why do relatively few male victims of childhood sexual abuse receive help for abuse-related issues in adulthood? *Clinical Psychology Review*, 17(1), 69-88. doi:10.1016/S0272-7358(96)00047-5

Holmes, G., & Offen, L. (1996). Clinicians' hypotheses regarding clients' problems: Are they less likely to hypothesize sexual abuse in male compared to female clients? *Child Abuse & Neglect*, 20(6), 493-501. doi:10.1016/0145-2134(96)00031-2

Holmes, W.C., & Slap, G. B. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *Journal of American Medical Association (JAMA)*, 280(21), 1855–1862.

hooks, b. (1990). *Yearning: Race, gender, and cultural politics*. Brooklyn, NY: South End Press

hooks, b. (2000). *Feminist theory: From margin to center* (2nd ed.). Brooklyn, NY: South End Press.

Hornby, S. J. (2012). A new identity: The place of the 7th Step Society of Canada in offender reentry. Calgary, AB: 7th Step Society of Canada.

- Howing, P. T., Wodarski, J. S., Kurtz, P. D., Gaudin, J. M., & Herbst, E.N. (1990). Child abuse and delinquency: The empirical and theoretical links. *Social Work, 35*(3), 244-249.
- Hunter, M. (1990a). Abused boys: The neglected victims of sexual abuse. Lexington, MA US: Lexington Books/D C Heath.
- Hunter, M. (1990b). In M. Hunter (Ed.), *The sexually abused male, vol. 1: Prevalence, impact, and treatment*. Lexington, MA England: Lexington Books/D. C. Heath and Com.
- Irving, L. M., Telfer, L., & Blake, D. D. (1997). Hope, coping, and social support in combat-related posttraumatic stress disorder. *Journal of Traumatic Stress, 10*(3), 465-479.
- Jakupcak, M., Wagner, A., Paulson, A., Varra, A., & McFall, M. (2010). Behavioral activation as a primary care-based treatment for PTSD and depression among returning veterans. *Journal of Traumatic Stress, 23*(4), 491-495. doi:10.1002/jts.20543
- Janoff-Bulman, R. (2006). Schema-change perspectives on posttraumatic growth. In L. G. Calhoun, & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research & practice*. (pp. 81-99). Mahwah, NJ US: Lawrence Erlbaum Associates Publishers.
- Janoff-Bulman, R. (1992). Shattered assumptions. *Towards a new psychology of trauma*. New York: Free Press.
- Janoff-Bulman, R., & Morgan, H. J. (1994). Victims' responses to traumatic life events: An unjust world or an uncaring world? *Social Justice Research, 7*(1), 47-68.
- Jarrett, T.,A. (2013). Warrior resilience and thriving (WRT): Rational emotive behavior therapy (REBT) as a resiliency and thriving foundation to prepare warriors and their families for combat deployment and posttraumatic growth in Operation Iraqi Freedom, 2005–2009. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 31*(2), 93-107.

- Jarvis, C. (2009). "If he comes home nervous": U.S. World War II neuropsychiatric casualties and postwar masculinities. *Journal of Men's Studies*, 17(2), 97-115.
- Jefferson, T. (2002). Subordinating hegemonic masculinity. *Theoretical Criminology*, 6(1), 63-88. doi:10.1177/136248060200600103
- Jennings, A. (1994). On being invisible in the mental health system. *Journal of Behavioral Health Services & Research*, 21 (4), 374-387.
- Johnson, R. J., Ross, M. W., Taylor, W. C., Williams, M. L., Carvajal, R. I., & Peters, R. J. (2005). A history of drug use and childhood sexual abuse among incarcerated males in a county jail. *Substance use & Misuse*, 40(2), 211-229. doi:10.1081/JA-200048457
- Johnson, R. J., Ross, M. W., Taylor, W. C., Williams, M. L., Carvajal, R. I., & Peters, R. J. (2006). Prevalence of childhood sexual abuse among incarcerated males in county jail. *Child Abuse & Neglect*, 30(1), 75-86. doi:10.1016/j.chiabu.2005.08.013
- Johnston, C. A. B., & Morrison, T. G. (2007). The presentation of masculinity in everyday life: Contextual variations in the masculine behaviour of young Irish men. *Sex Roles*, 57(9-10), 661-674. doi:10.1007/s11199-007-9299-9
- Jones, E., Fear, N. T., & Wessely, S. (2007). Shell shock and mild traumatic brain injury: A historical overview. *The American Journal of Psychiatry*, 164(11), 1641-1645.
- Jones, E., & Wessely, S. (2003). "Forward psychiatry" in the military: Its origins and effectiveness. *Journal of Traumatic Stress*, 16(4), 411.
- Jones, N., Seddon, R., Fear, N. T., McAllister, P., Wessely, S., & Greenberg, N. (2012). Leadership, cohesion, morale, and the mental health of UK armed forces in Afghanistan.

*Psychiatry: Interpersonal & Biological Processes*, 75(1), 49-59. doi:10.1521/psyc.

2012.75.1.49

Jones, S. J. (1997). Reflexivity and feminist practice: Ethical dilemmas in negotiating meaning.

*Feminism & Psychology*, 7(3), 348-353.

Kaniasty, K., & Norris, F. H. (2008). Longitudinal linkages between perceived social support and posttraumatic stress symptoms: Sequential roles of social causation and social selection.

*Journal of Traumatic Stress*, 21(3), 274-281. doi:10.1002/jts.20334

Kardiner, A. (1941). *The traumatic neuroses of war*. New York, NY: Hoeber.

Karp, D. R. (2010). Unlocking men, unmasking masculinities: Doing men's work in prison.

*Journal of Men's Studies*, 18(1), 63-83. doi:10.3149/jms.1801.63

Kashdan, T. B., Breen, W. E., & Julian, T. (2010). Everyday strivings in war veterans with posttraumatic stress disorder: Suffering from a hyper-focus on avoidance and emotion regulation. *Behavior Therapy*, doi:10.1016/j.beth.2009.09.003

Kavanaugh, K., Moro, T. T., Savage, T., & Mehendale, R. (2006). Enacting a theory of caring to recruit and retain vulnerable participants for sensitive research. *Research in Nursing & Health*, 29(3), 244-252. doi:10.1002/nur.20134

Kearney, C. A., Wechsler, A., Kaur, H., & Lemos-Miller, A. (2010). Posttraumatic stress disorder in maltreated youth: A review of contemporary research and thought. *Clinical Child and Family Psychology Review*, 13(1), 46-76. doi:10.1007/s10567-009-0061-4

Keddie, A. (2005). On fighting and football: Gender justice and theories of identity construction.

*International Journal of Qualitative Studies in Education*, 18(4), 425-444. doi:

10.1080/09518390500137600

- Kehle, S. M., Ferrier-Auerbach, A., Meis, L. A., Arbisi, P. A., Erbes, C. R., & Polusny, M. A. (2012). Predictors of postdeployment alcohol use disorders in national guard soldiers deployed to Operation Iraqi Freedom. *Psychology of Addictive Behaviors*, 26(1), 42-50. doi: 10.1037/a0024663
- Kempe, C. H. (1985). The battered-child syndrome. *Child Abuse & Neglect*, 9(2), 143-154. doi: 10.1016/0145-2134(85)90005-5
- Kempe, R. S., & Kempe, C. H. (1978). *Child abuse*. Cambridge, MA: Harvard University Press
- Kerr, R., Burke, S., & McKeon, P. (2011). Big boys don't cry: Male secondary school students' attitudes to depression. *Irish Journal of Psychological Medicine*, 28(2), 61-68.
- Kia-Keating, M., Grossman, F. K., Sorsoli, L., & Epstein, M. (2005). Containing and resisting masculinity: Narratives of renegotiation among resilient male survivors of childhood sexual abuse. *Psychology of Men & Masculinity*, 6(3), 169-185. doi:10.1037/1524-9220.6.3.169
- Kia-Keating, M., Sorsoli, L., & Grossman, F. K. (2010). Relational challenges and recovery processes in male survivors of childhood sexual abuse. *Journal of Interpersonal Violence*, 25(4), 666-683. doi:10.1177/0886260509334411
- Killgore, W. D. S., Cotting, D. I., Thomas, J. L., Cox, A. L., McGurk, D., Vo, A. H., . . . Hoge, C. W. (2008). Post-combat invincibility: Violent combat experiences are associated with increased risk-taking propensity following deployment. *Journal of Psychiatric Research*, 42(13), 1112-1121. doi:10.1016/j.jpsychires.2008.01.001
- Kilshaw, S. M. (2004). Friendly fire: The construction of Gulf War Syndrome narratives. *Anthropology & Medicine*, 11(2), 149-160. doi:10.1080/13648470410001678659

- Kilshaw, S. (2008). Gulf war syndrome: A reaction to psychiatry's invasion of the military? *Culture, Medicine and Psychiatry*, 32(2), 219-237. doi:10.1007/s11013-008-9088-0
- Kincheloe, J. L., & McLaren, P. L. (1994). Rethinking critical theory and qualitative research. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 138-157). Thousand Oaks, CA: Sage.
- Kinzie, J. D., & Goetz, R. R. (1996). A century of controversy surrounding posttraumatic stress-spectrum syndromes: The impact of DSM-III and DSM-IV. *Journal of Traumatic Stress*, 9(2), 159-179.
- Kirby, M. J. L., & Keon, W. J. (2006). *Out of the shadows at last: Transforming mental health, mental illness, and addiction services in Canada*. Ottawa, ON: The Select Standing Committee on Social Affairs, Science and Technology. Retrieved from <http://www.parl.gc.ca/39/1/parlbus/commbus/senate/Com-e/SOCI-E/rep-e/rep02may06-e.htm>
- Kiselica, M. S., & Englar-Carlson, M. (2010). Identifying, affirming, and building upon male strengths: The positive psychology/positive masculinity model of psychotherapy with boys and men. *Psychotherapy: Theory, Research & Practice*, 47(3), 276-287. doi:10.1037/a0021159
- Kishon-Barash, R., Midlarsky, E., & Johnson, D. R. (1999). Altruism and the Vietnam war veteran: The relationship of helping to symptomatology. *Journal of Traumatic Stress*, 12(4), 655.
- Klein, I., & Janoff-Bulman, R. (1996). Trauma history and personal narratives: Some clues to coping among survivors of child abuse. *Child Abuse & Neglect*, 20(1), 45-54.

- Klein, M.W. (2014). Thoughts about street gangs as groups. or always know where the nearest exit lies. *Group Processes Intergroup Relations*, 17 (6), 701-704. doi: 10.1177/1368430214548619
- Knowles, M. L., & Gardner, W. L. (2008). Benefits of membership: The activation and amplification of group identities in response to social rejection. *Personality and Social Psychology Bulletin*, 34(9), 1200-1213. doi:10.1177/0146167208320062
- Kockelmans, J. J. (1972). Ontological difference, hermeneutics, and language. In J. J. Kockelmans (Ed.), *On Heidegger and language* (pp. 195-234). Evanston, IL: Northwestern University Press.
- Koenen, K. C., & Widom, C. S. (2009). A prospective study of sex differences in the lifetime risk of posttraumatic stress disorder among abused and neglected children grown up. *Journal of Traumatic Stress*, 22(6), 566-574. doi:10.1002/jts.20478
- Komarovskaya, I. A., Loper, A. B., Warren, J., & Jackson, S. (2011). Exploring gender differences in trauma exposure and the emergence of symptoms of PTSD among incarcerated men and women. *Journal of Forensic Psychiatry & Psychology*, 22(3), 395-410. doi:10.1080/14789949.2011.572989
- Koopman, C., Gore-Felton, C., Classen, C., Kim, P., & Spiegel, D. (2001). Acute stress reactions to everyday stressful life events among sexual abuse survivors with PTSD. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 10(2), 83-99. doi:10.1300/J070v10n02\_05
- Koro-Ljungberg, M. (2008). Validity and validation in the making in the context of qualitative research. *Qualitative Health Research*, 18(7), 983-989. doi:10.1177/1049732308318039



- Krystal, H. (1978). Trauma and affects. *Psychoanalytic Study of the Child*, 33, 81-116.
- Kubiak, S. P. (2004). The effects of PTSD on treatment adherence, drug relapse, and criminal recidivism in a sample of incarcerated men and women. *Research on Social Work Practice*, 14(6), 424-433. doi:10.1177/1049731504265837
- Kubiak, S. P., & Rose, I. M. (2007). Trauma and posttraumatic stress disorder in inmates with histories of substance use. In A. R. Roberts (Ed.), *Handbook of forensic mental health with victims and offenders: Assessment, treatment, and research*. (pp. 445-466). New York, NY US: Springer Publishing Co.
- Kubrin, C. E. (2005). Gangstas, thugs, and hustlas: Identity and the code of the street in rap music. *Social Problems*, 52(3), 360-378.
- Kuehn, B. M. (2010). Military probes epidemic of suicide: Mental health issues remain prevalent. *JAMA: Journal of the American Medical Association*, 304(13), 1427-1430. doi: 10.1001/jama.2010.1327
- Kupers, T.A. (2005). Toxic masculinity as a barrier to mental health treatment in prison. *Journal of Clinical Psychology*, 61 (6), 713-724.
- Laffaye, C., Cavella, S., Drescher, K., & Rosen, C. (2008). Relationships among PTSD symptoms, social support, and support source in veterans with chronic PTSD. *Journal of Traumatic Stress*, 21(4), 394-401. doi:10.1002/jts.20348
- Langer, S. (2011). Gender (dis)agreement: A dialogue on the clinical implications of gendered language. *Journal of Gay & Lesbian Mental Health*, 15(3), 300-307. doi: 10.1080/19359705.2011.581194

- Larkin, M., Clifton, E., & de Visser, R. (2009). Making sense of 'consent' in a constrained environment. *International Journal of Law and Psychiatry*, 32(3), 176-183. doi:10.1016/j.ijlp.2009.02.003
- Larkin, M., Eatough, V., & Osborn, M. (2011). Interpretative phenomenological analysis and embodied, active, situated cognition. *Theory & Psychology*, 21(3), 318-337. doi: 10.1177/0959354310377544
- Larkin, M., & Griffiths, M. D. (2002). Experiences of addiction and recovery: The case for subjective accounts. *Addiction Research & Theory*, 10(3), 281-311. doi: 10.1080/16066350290025681
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3(2), 102-120. doi: 10.1191/1478088706qp062oa
- Layne, C. M., Warren, J. S., Watson, P. J., & Shalev, A. Y. (2007). Vulnerability, resistance, and resilience: Toward an integrative conceptualization. In M. J. Friedman, T. M. Keane & P. A. Resick (Eds.). *Handbook of PTSD: Science and practice* (pp. 497-520). New York, NY: Guilford Press.
- LeBel, T. P. (2012). 'If one doesn't get you another one will': Formerly incarcerated persons' perceptions of discrimination. *The Prison Journal*, 92(1), 63-87. doi: 10.1177/0032885511429243
- LeBel, T.P., Burnett, R., Maruna, S., & Bushway, S. (2008). The 'chicken and egg' of subjective and social factors in desistance from crime. *European Journal of Criminology*, 5(31), 131-159. doi: 10.1177/1477370807087640

- LeBel, T. P. (2012). Invisible stripes? formerly incarcerated persons' perceptions of stigma. *Deviant Behavior*, 33(2), 89-107. doi:10.1080/01639625.2010.538365
- Lee, H.S., & Petersen, S. R. (2009). Demarginalizing the marginalized in substance abuse treatment: Stories of homeless, active substance users in an urban harm reduction based drop-in center. *Addiction Research & Theory*, 17(6), 622-636. doi: 10.3109/16066350802168613
- Leiner, B. (2009). The legacy of war: An intergenerational perspective. *Smith College Studies in Social Work*, 79(3-4), 375-391. doi:10.1080/00377310903249884
- Leskela, J., Dieperink, M., & Thuras, P. (2002). Shame and posttraumatic stress disorder. *Journal of Traumatic Stress*, 15(3), 223.
- Leslie, D. H. (2009). Off label use of antipsychotic medications in the DVA health care system. *Psychiatric Services*, 60(9), 1175.
- Levant, R. F. (2011). Research in the psychology of men and masculinity using the gender role strain paradigm as a framework. *American Psychologist*, 66(8), 765-776. doi:10.1037/a0025034
- Levine, S. Z., Laufer, A., Stein, E., Hamama-Raz, Y., & Solomon, Z. (2009). Examining the relationship between resilience and posttraumatic growth. *Journal of Traumatic Stress*, 22(4), 282-286.
- Levi-Strauss, C. (1966). *The savage mind* (2nd ed.). Chicago, IL: University of Chicago Press.
- Lew, Mike. (1988). *Victims No Longer: Men Recovering from Incest and Other Sexual Child Abuse*. Harper Collins

- Liem, J. H., O'Toole, J. G., & James, J. B. (1996). Themes of power and betrayal in sexual abuse survivors' characterizations of interpersonal relationships. *Journal of Traumatic Stress, 9*(4), 745-761.
- Linley, P. A. (2003). Positive adaptation to trauma: Wisdom as both process and outcome. *Journal of Traumatic Stress, 16*(6), 601-610.
- Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17*(1), 11-21.
- Lisak, D. (1994). The psychological impact of sexual abuse: Content analysis of interviews with male survivors. *Journal of Traumatic Stress, 7*, 525-548.
- Lisak, D. (1995). Integrating a critique of gender in the treatment of male survivors of childhood abuse. *Psychotherapy: Theory, Research, Practice, Training, 32*(2), 258-269. doi: 10.1037/0033-3204.32.2.258
- Lisak, D., Hopper, J., & Song, P. (1996). Factors in the cycle of violence: Gender rigidity and emotional constriction. *Journal of Traumatic Stress, 9*(4), 721-743.
- Lisak, D. & Beszterczey, S. (2007). The cycle of violence: The life histories of 43 death row inmates. *Psychology of Men & Masculinity, 8*(2), 118-128
- Litz, B.T. (2007). Research on the Impact of Military Trauma: Current Status and Future Directions. *Military Psychology, 19* (3), 217-238.
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*, 695–706. doi:10.1016/j.cpr.2009.07.003

- Lorber, W., & Garcia, H. A. (2010). Not supposed to feel this: Traditional masculinity in psychotherapy with male veterans returning from Afghanistan and Iraq. *Psychotherapy: Theory, Research & Practice*, 47(3), 296-305. doi:10.1037/a0021161
- Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71 (3), 543-562.
- Liotard, J. F. (1984). *The postmodern condition: A report on knowledge*. Manchester, UK: University of Manchester Press.
- MacNeil, S. D., & Fernandez, C. V. (2006). Informing research participants of research results: Analysis of Canadian university based research ethics board policies. *Journal of Medical Ethics*, 32(1), 49-54. doi:10.1136/jme.2004.010629
- Maercker, A., & Herrle, J. (2003). Long-term effects of the Dresden bombing: Relationships to control beliefs, religious belief, and personal growth. *Journal of Traumatic Stress*, 16(6), 579-587.
- Magruder, K. M., & Yeager, D. E. (2009). The prevalence of PTSD across war eras and the effect of deployment on PTSD: A systematic review and meta-analysis. *Psychiatric Annals*, 39(8), 778-788. doi:10.3928/00485713-20090728-04
- Maguen, S., Lucenko, B. A., Reger, M. A., Gahm, G. A., Litz, B. T., Seal, K. H., . . . Marmar, C. R. (2010). The impact of reported direct and indirect killing on mental health symptoms in Iraq war veterans. *Journal of Traumatic Stress*, 23(1), 86-90. doi:10.1002/jts.20434
- Maguen, S., Vogt, D. S., King, L. A., King, D. W., & Litz, B. T. (2006). Posttraumatic growth among Gulf War I veterans: The predictive role of deployment-related experiences and

- background characteristics. *Journal of Loss and Trauma*, 11(5), 373-388. doi:10.1080/15325020600672004
- Mancini, A. D., Prati, G., & Black, S. (2011). Self-worth mediates the effects of violent loss on PTSD symptoms. *Journal of Traumatic Stress*, 24(1), 116-120. doi:10.1002/jts.20597
- Mankowski, E. S., & Maton, K. I. (2010). A community psychology of men and masculinity: Historical and conceptual review. *American Journal of Community Psychology*, 45(1), 73-86. doi:10.1007/s10464-009-9288-y
- Manning, P. K., & Cullum-Swan, B. (1994). Narrative, content, and semiotic analysis. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 463-477). Thousand Oaks, CA: Sage.
- Marsh, S. C., Evans, W. P., & Williams, M. J. (2010). Social support and sense of program belonging discriminate between youth-staff relationship types in juvenile correction settings. *Child & Youth Care Forum*, 39(6), 481-494. doi:10.1007/s10566-010-9120-8
- Marshall, A.J., Ashleigh, M.J., Baden, D., Ojiako, U., & Guidi, M.J.D. (2014). Corporate psychopathy: Can 'Search and Destroy' and 'Hearts and Minds' military metaphors inspire HRM solutions?
- Marshall, J., & Wheeler, L. (1996). *Street soldier: one man's struggle to save a generation, one life at a time*. Delacorte Press.
- Martin, L., Rosen, L. N., Durand, D. B., Knudson, K. H., & Stretch, R. H. (2000). Psychological and physical health effects of sexual assaults and nonsexual traumas among male and female united states army soldiers. *Behavioral Medicine*, 26(1), 23.

- Martsof, D. S., Courey, T. J., Chapman, T. R., Draucker, C. B., & Mims, B. L. (2006). Adaptive sampling: Recruiting a diverse community sample of survivors of sexual violence. *Journal of Community Health Nursing*, 23(3), 169-182.
- Martsof, D. S., & Draucker, C. B. (2005). Psychotherapy approaches for adult survivors of childhood sexual abuse: An integrative review of outcomes research. *Issues in Mental Health Nursing*, 26(8), 801-825.
- Martsof, D. S., & Draucker, C. B. (2008). The legacy of childhood sexual abuse and family adversity. *Journal of Nursing Scholarship*, 40(4), 333-340. doi:10.1111/j.1547-5069.2008.00247.x
- Marx, K. (1844 / 2007). *The economic and philosophic manuscripts of 1844*. Mineola, NY: Dover Publications.
- Marx, W. (1978). Thought and issue in Heidegger. In J. Sallis (Ed.), *Radical phenomenology: Essays in honour of Martin Heidegger* (pp. 12-30). Atlantic Highlands, NJ: Humanities Press.
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, DC: American Psychological Association.
- Maruna, S., Immarigeon, R., & LeBel, T. (2004). Ex-offender reintegration: Theory and practice. In S. Maruna & R. Immarigeon (Eds). *After crime and punishment: Pathways to offender reintegration* (pp. 3-26). Portland, OR: Willan
- Maslow, A.H. (1943). Toward a theory of human motivation. *Psychological Review*, 50, 370-396.
- Maslow, A.H. (1962). *Toward a psychology of being*. New York, NY: Van Nostrand

- Masten, A.S. & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments. *American Psychologist*, 53, 205-220.
- Masten, A. & Garmezy, N. (1985). Risk, vulnerability, and protective factors in developmental psychopathology. In: Lahey, B. & Kazdin, A. (Eds.) *Advances in clinical child psychology*. Vol. 8. New York, NY: Plenum Press. pp. 1–52.
- May, V. (2011). Self, belonging and social change. *Sociology*, 45(3), 363-378. doi: 10.1177/0038038511399624
- McCarthy, E., & Petrakis, I. (2011). Case report on the use of cognitive processing therapy-cognitive, enhanced to address heavy alcohol use. *Journal of Traumatic Stress*, 24(4), 474-478. doi:10.1002/jts.20660
- McClure, S. E. (2009). Co-occurring trauma and substance use disorders with criminal offenders. In A. Browne-Miller (Ed.), *The Praeger International Collection on addictions, Vol 2: Psychobiological Profiles*. (pp. 61-77). Santa Barbara, CA US: Praeger/ABC-CLIO.
- McCranie, E. W., & Hyer, L. A. (2000). Posttraumatic stress disorder symptoms in Korean conflict and World War II combat veterans seeking outpatient treatment. *Journal of Traumatic Stress*, 13(3), 427.
- McFarlane, A.C., Williamson, P., & Barton, C. (2009). The impact of traumatic stressors in civilian occupational settings. *Journal of Public Health Policy*, 30 (3), 311-327.
- McGloin, J. M., & Widom, C. S. (2001). Resilience among abused and neglected children grown up. *Development and Psychopathology*, 13(4), 1021-1038. doi:10.1017/S095457940100414X



- McHugh, P. R., & Treisman, G. (2007). PTSD: A problematic diagnostic category. *Journal of Anxiety Disorders, 21*, 211-222. doi:10.1016/j.janxdis.2006.09.003
- McLaren, S., Gomez, R., Bailey, M., & Van Der Horst, R.K. (2007). The association of depression and sense of belonging with suicidal ideation among older adults: Applicability of resiliency models. *Suicide and Life-Threatening Behavior, 37*(1), 89-102. doi:10.1521/suli.2007.37.1.89
- McMackin, R. A., Leisen, M. B., Sattler, L., Krinsley, K., & Riggs, D. S. (2002). Preliminary development of trauma-focused treatment groups for incarcerated juvenile offenders. *Journal of Aggression, Maltreatment & Trauma, 6*(1), 175-199. doi:10.1300/J146v06n01\_09
- McMillen, C., Zuravin, S., & Rideout, G. (1995). Perceived benefit from child sexual abuse. *Journal of Consulting and Clinical Psychology, 63*(6), 1037-1043. doi:10.1037/0022-006X.63.6.1037
- McTeague, L. M., Lang, P. J., Laplante, M., Cuthbert, B. N., Shumen, J. R., & Bradley, M. M. (2010). Aversive imagery in posttraumatic stress disorder: Trauma recurrence, comorbidity, and physiological reactivity. *Biological Psychiatry, 67*(4), 346-356. doi:10.1016/j.biopsych.2009.08.023
- Meis, L. A., Erbes, C. R., Polusny, M. A., & Compton, J. S. (2010). Intimate relationships among returning soldiers: The mediating and moderating roles of negative emotionality, PTSD symptoms, and alcohol problems. *Journal of Traumatic Stress, 23*(5), 564-572. doi:10.1002/jts.20560
- Mendel, M. P. (1995). *The male survivor: The impact of sexual abuse*. Thousand Oaks, CA US: Sage Publications, Inc.

- Merleau-Ponty, M. (1962). *The phenomenology of perception*. Abingdon, UK: Routledge.
- Merrick, J., & M. (2003). Young men surviving child sexual abuse. research stories and lessons for therapeutic practice. *International Journal of Adolescent Medicine & Health*, 15(3), 289-291.
- Meyer, M., Estable, A., Maclean, L., & Edwards, N. (2010). When safeguards become straitjackets: How ethics research board requirements might contribute to ethical dilemmas in studies with marginalized populations. In D. L. Streiner, & S. Sidani (Eds.), *When research goes off the rails: Why it happens and what you can do about it* (pp. 34-42). New York, NY US: Guilford Press.
- Miele, D., & O'Brien, E. J. (2010). Underdiagnosis of posttraumatic stress disorder in at risk youth. *Journal of Traumatic Stress*, 23(5), 591-598. doi:10.1002/jts.20572
- Miller, L., Brown, T. T., Pilon, D., Scheffler, R. M., & Davis, M. (2010). Patterns of recovery from severe mental illness: A pilot study of outcomes. *Community Mental Health Journal*, 46(2), 177-187. doi:10.1007/s10597-009-9211-x
- Miller, M.W., Wolf, E.J., & Keane, T.M. (2014). Posttraumatic stress disorder in *DSM-5*: New criteria and controversies. *Clinical Psychology: Science and Practice*, 21 (3), 208-220.
- Miller, S.L., Hefner, M.K., & Leon, C.S. (2014). Diffusing responsibility: A case study of child sexual abuse in popular discourse. *Children and Youth Services Review*, 37, 55-63.
- Milliken, C. S., Auchterlonie, J. L., & Hoge, C. W. (2007). Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war. *Journal of the American Medical Association*, 298(18), 2141-2148.

- Mills, J. (2001). Self-construction through conversation and narrative in interviews. *Educational Review*, 53 (3), 285-301.
- Min, M., Farkas, K., Minnes, S., & Singer, L. T. (2007). Impact of childhood abuse and neglect on substance abuse and psychological distress in adulthood. *Journal of Traumatic Stress*, 20(5), 833-844. doi:10.1002/jts.20250
- Moller, M. (2007). Exploiting patterns: A critique of hegemonic masculinity. *Journal of Gender Studies*, 16(3), 263-276. doi:10.1080/09589230701562970
- Monson, C. M., Schnurr, P. P., Resick, P. A., Friedman, M. J., Young-Xu, Y., & Stevens, S. P. (2006). Cognitive processing therapy for veterans with military-related posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, 74(5), 898-907. doi:10.1037/0022-006X.74.5.898
- Monson, C. M., Taft, C. T., & Fredman, S. J. (2009). Military-related PTSD and intimate relationships: From description to theory-driven research and intervention development. *Clinical Psychology Review*, 29(8), 707-714. doi:10.1016/j.cpr.2009.09.002
- Moran, D. (2000). Introduction to phenomenology. London, UK: Routledge.
- Morina, N., van Emmerik, A.A.P., Andrews, B., Brewin, C.R. (2014). Comparison of DSM-IV and proposed ICD-11 formulations of PTSD among civilian survivors of war and war veterans. *Journal of Traumatic Stress*, 27 (6), 647-654.
- Morrisette, P. J. (1999). Post-traumatic stress disorder in childhood sexual abuse: A synthesis and analysis of theoretical models. *Child & Adolescent Social Work Journal*, 16(2), 77-99. doi:10.1023/A:1022357306804

- Munn, S. M. (2009). *'Falling out of the rabbit hole': Former long-term prisoners' negotiation of release, reentry and resettlement*. (Unpublished doctoral dissertation). University of Ottawa, Ottawa, ON.
- Munroe, C. D., Kibler, J. L., Ma, M., Dollar, K. M., & Coleman, M. (2010). The relationship between posttraumatic stress symptoms and sexual risk: Examining potential mechanisms. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(1), 49-53. doi:10.1037/a0018960
- Murray, M. (2008). Narrative psychology. In J.A. Smith (Ed.). *Qualitative psychology: A practical guide to research methods*. (2<sup>nd</sup> ed. pp. 111-132).
- Newman, B. M., Lohman, B. J., & Newman, P. R. (2007). Peer group membership and a sense of belonging: Their relationship to adolescent behavior problems. *Adolescence*, 42(166), 241-263.
- Newman, E., & Kaloupek, D. G. (2004). The risks and benefits of participating in trauma-focused research studies. *Journal of Traumatic Stress*, 17(5), 383-394.
- Nixon, J. (2006). Towards a hermeneutics of hope: The legacy of Edward W. Said. *Discourse: Studies in the Cultural Politics of Education*, 27(3), 341-356. doi: 10.1080/01596300600838793
- Nobis, R., & Sandén, I. (2008). Young men's health: A balance between self-reliance and vulnerability in the light of hegemonic masculinity. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 29(2), 205-217.

- Norman, M. E. (2011). Embodying the double-bind of masculinity: Young men and discourses of normalcy, health, heterosexuality, and individualism. *Men & Masculinities*, 14(4), 430-449. doi:10.1177/1097184X11409360
- Nutbrown, C., & Clough, P. (2009). Citizenship and inclusion in the early years: Understanding and responding to children's perspectives on 'belonging.'. *International Journal of Early Years Education*, 17(3), 191-206. doi:10.1080/09669760903424523
- O'Leary, P. J. (2009). Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning. *Child Abuse & Neglect*, 33(7), 471-479. doi: 10.1016/j.chiabu.2009.02.004
- O'Leary, P., & Gould, N. (2009). Men who were sexually abused in childhood and subsequent suicidal ideation: Community comparison, explanations and practice implications. *British Journal of Social Work*, 39(5), 950-968. doi:10.1093/bjsw/bcn130
- Oberle, K. M. (2002). Ethics in qualitative health research. *Annals (Royal College of Physicians and Surgeons of Canada)*, 35(8), 563-566.
- O'Connell, A. N. (1994). Searching for a theoretical framework. *Psyccritiques*, 39(2), 152-152. doi:10.1037/033887
- O'Donnell, M. H. (2003). Radically reconstituting the subject: Social theory and human nature. *Sociology*, 37(4), 753-770. doi:10.1177/00380385030374007
- Office of the Correctional Investigator (OCI). (2010). *Annual report of the office of the Correctional Investigator, 2009 - 2010*. Ottawa, ON: Retrieved from <http://www.oci-bec.gc.ca/rpt/annrpt/annrpt20092010-eng.aspx>

Office of the Correctional Investigator (OCI). (2011). *Annual report of the Office of the Correctional Investigator 2010-2011*. Ottawa, ON: Government of Canada. Retrieved from <http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20102011-eng.pdf>

Office of the Correctional Investigator (OCI). (2014). *Annual report of the Office of the correctional investigator 2013-2014*. Ottawa, ON: Government of Canada. Retrieved from <http://www.oci-bec.gc.ca/cnt/rpt/pdf/annrpt/annrpt20132014-eng.pdf>

O'Leary, P. J., & Gould, N. (2010). Exploring coping factors amongst men who were sexually abused in childhood. *British Journal of Social Work*, 40(8), 2669-2686. doi:10.1093/bjsw/bcq098

Ombudsman, National Defence and Canadian Forces (OCF). (2008). *A long road to recovery: Battling operational stress injuries: Second review of the Department of National Defence and Canadian Forces' action on operational stress injuries*. Ottawa, ON: Office of the Ombudsman for the Department of National Defence and Canadian Forces.

Ombudsman, National Defence and Canadian Forces (OCF). (2009). *Serving Canada's defence community: 2008-2009 annual report of the Ombudsman for the Department of National Defence and Canadian Forces*. Ottawa, ON: Department of National Defence and Canadian Forces.

Ombudsman, National Defence and Canadian Forces (OCF). (2011). *Making a difference: 2010-2011 annual report of the Ombudsman for the Department of National Defense and Canadian Forces*. Ottawa, ON: Department of National Defence and Canadian Forces.

- Ompad, D. C., Ikeda, R. M., Shah, N., Fuller, C. M., Bailey, S., Morse, E., . . . Strathdee, S. A. (2005). Childhood sexual abuse and age at initiation of injection drug use. *American Journal of Public Health, 95*(4), 703-709. doi:10.2105/AJPH.2003.019372
- Orcutt, H. K., Erickson, D. J., & Wolfe, J. (2004). The course of PTSD symptoms among Gulf War veterans: A growth mixture modeling approach. *Journal of Traumatic Stress, 17*(3), 195-202.
- O'Toole, B. I., Catts, S. V., Outram, S., Pierse, K. R., & Cockburn, J. (2009). The physical and mental health of Australian Vietnam veterans three decades after the war and its relation to military service, combat, and PTSD. *American Journal of Epidemiology, 170*(3), 318-330.
- Ouimette, P., Moos, R. H., & Finney, J. W. (2003). PTSD treatment and 5-year remission among patients with substance use and posttraumatic stress disorders. *Journal of Consulting and Clinical Psychology, 71*(2), 410-414. doi:10.1037/0022-006X.71.2.410
- Ouimette, P., Vogt, D., Wade, M., Tirone, V., Greenbaum, M. A., Kimerling, R., . . . Rosen, C. S. (2011). Perceived barriers to care among veterans health administration patients with posttraumatic stress disorder. *Psychological Services, 8*(3), 212-223. doi:10.1037/a0024360
- Owens, G. P., Steger, M. F., Whitesell, A. A., & Herrera, C. J. (2009). Posttraumatic stress disorder, guilt, depression, and meaning in life among military veterans. *Journal of Traumatic Stress, 22*(6), 654-657. doi:10.1002/jts.20460
- Ozer, E. J., Best, S. R., Lipsey, T. L., & Weiss, D. S. (2003). Predictors of posttraumatic stress disorder and symptoms in adults: A meta-analysis. *Psychological Review, 129*(1), 52-73.
- Paivio, S. C., & Pascual-Leone, A. (2010). Transforming guilt, shame, and self-blame. In A. Pascual-Leone (Ed.), *Emotion-focused therapy for complex trauma: An integrative*

- approach*. (pp. 203-227). Washington, DC US: American Psychological Association. doi: 10.1037/12077-009
- Parker, I. (1997). Discursive psychology. In D. Fox & I. Prilleltensky (Eds.) *Critical psychology: An introduction*. (pp. 284-298). London, UK: Sage.
- Parker, L. J. (1998). Storytelling and new structuralism: Reviving an ancient union between image and story. *Journal of Mental Imagery*, 22(1-2), 5-26.
- Paton, J., Crouch, W., & Camic, P. (2009). Young offenders' experiences of traumatic life events: A qualitative investigation. *Clinical Child Psychology and Psychiatry*, 14(1), 43-62. doi: 10.1177/1359104508100135
- Pearlman, L. A. (1998). Trauma and the self: A theoretical and clinical perspective. *Journal of Emotional Abuse*, 1(1), 7-25. doi:10.1300/J135v01n01\_02
- Perese, E. F. (2007). Stigma, poverty, and victimization: Roadblocks to recovery for individuals with severe mental illness. *Journal of the American Psychiatric Nurses Association*, 13(5), 285-295. doi:10.1177/1078390307307830
- Petersilia, J. (2003). When prisoners come home: Parole and prisoner reentry. New York, NY: Oxford University Press.
- Peterson, B. E., & Zurbriggen, E. L. (2010). Gender, sexuality, and the authoritarian personality. *Journal of Personality*, 78(6), 1801-1826. doi:10.1111/j.1467-6494.2010.00670.x
- Piat, M., Sabetti, J., & Bloom, D. (2009). The importance of medication in consumer definitions of recovery from serious mental illness: A qualitative study. *Issues in Mental Health Nursing*, 30(8), 482-490. doi:10.1080/01612840802509452



- Piat, M., Sabetti, J., Couture, A., Sylvestre, J., Provencher, H., Botschner, J., & Stayner, D. (2009). What does recovery mean for me? Perspectives of Canadian mental health consumers. *Psychiatric Rehabilitation Journal*, 32(3), 199-207. doi: 10.2975/32.3.2009.199.207
- Pickering, M. A., Hammermeister, J., Ohlson, C., Holliday, B., & Ulmer, G. (2010). An exploratory investigation of relationships among mental skills and resilience in warrior transition unit cadre members. *Military Medicine*, 175(4), 213-219.
- Pietrzak, R. H., Whealin, J. M., Stotzer, R. L., Goldstein, M. B., & Southwick, S. M. (2011). An examination of the relation between combat experiences and combat-related posttraumatic stress disorder in a sample of Connecticut OEF–OIF veterans. *Journal of Psychiatric Research*, 45(12), 1579-1584. doi:10.1016/j.jpsychires.2011.07.010
- Pinals, D. (2010). Veterans and the justice system: The next forensic frontier. *Journal of the American Academy of Psychiatry and the Law*, 38(2), 163-167.
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2001). Combat trauma: Trauma with highest risk of delayed onset and unresolved posttraumatic stress disorder symptoms, unemployment, and abuse among men. *Journal of Nervous and Mental Disease*, 189, 99-108.
- Rabinow, P., & Sullivan, W. M. (1987). The interpretive turn: A second look. In P. Rabinow, & W. M. Sullivan (Eds.), *Interpretive social science: A second look* (pp. 1-30). Berkeley, CA: University of California Press.

- Ramon, S., Shera, W., Healy, B., Lachman, M., & Renouf, N. (2009). The rediscovered concept of recovery in mental illness: A multicountry comparison of policy and practice. *International Journal of Mental Health, 38*(2), 106-126. doi:10.2753/IMH0020-7411380205
- Raphael, K. G., & Widom, C. S. (2011). Post-traumatic stress disorder moderates the relation between documented childhood victimization and pain 30 years later. *Pain, 152*(1), 163-169. doi:10.1016/j.pain.2010.10.014
- Raps, C. S. (2009). The necessity of combined therapy in the treatment of shame: A case report. *International Journal of Group Psychotherapy, 59*(1), 67-84. doi:10.1521/ijgp.2009.59.1.67
- Ray, S. L., & Vanstone, M. (2009). The impact of PTSD on veterans' family relationships: An interpretative phenomenological inquiry. *International Journal of Nursing Studies, 46*(6), 838-847. doi:10.1016/j.ijnurstu.2009.01.002
- Reardon, M. L., Lang, A. R., & Patrick, C. J. (2002). An evaluation of relations among antisocial behavior, psychopathic traits, and alcohol problems in incarcerated men. *Alcoholism: Clinical and Experimental Research, 26*(8), 1188-1197. doi:10.1097/00000374-200208000-00009
- Reger, G. M., Holloway, K. M., Candy, C., Rothbaum, B. O., Difede, J., Rizzo, A. A., & Gahm, G. A. (2011). Effectiveness of virtual reality exposure therapy for active duty soldiers in a military mental health clinic. *Journal of Traumatic Stress, 24*(1), 93-96. doi:10.1002/jts.20574
- Reid, K., Flowers, P., & Larkin, M. (2005). Exploring lived experience. *The Psychologist, 18*(1), 20-23.

- Reinhard, M. J., Wolf, G., & Cozolino, L. (2010). Using the MMPI to assess reported cognitive disturbances and somatization as a core feature of complex PTSD. *Journal of Trauma & Dissociation*, 11(1), 57-72. doi:10.1080/15299730903318475
- Reisner, S. (2003). Psychic trauma and the seductions of a painful past. *Studies in Gender and Sexuality*, 4(3), 263-286. doi:10.1080/15240650409349228
- Resick, P. A., & Miller, M. W. (2009). Posttraumatic stress disorder: Anxiety or traumatic stress disorder? *Journal of Traumatic Stress*, 22(5), 384-390.
- Resilience (2015). In *Oxford Dictionaries online*. Retrieved from <http://www.oxforddictionaries.com/definition/english/resilience>
- Resnick, S. G., Rosenheck, R. A., & Lehman, A. F. (2004). An exploratory analysis of recovery. *Psychiatric Services (Washington, DC)*, 55(5), 540–547. doi:10.1176/appi.ps.55.5.540.
- Rhodes, J. E., & Jakes, S. (2000). Correspondence between delusions and personal goals: A qualitative analysis. *British Journal of Medical Psychology*, 73, 211-225. doi: 10.1348/000711200160435
- Ricciardelli, R., Maier, K., & Hannah-Moffat, K. (2015). Strategic masculinities: Vulnerabilities, risk and the production of prison masculinities. *Theoretical Criminology*, 1-23. doi: 10.1177/1362480614565849
- Richardson, F. C., & Fowers, B. J. (1997). Critical theory, postmodernism, and hermeneutics: Insights for critical psychology. In D. Fox, & I. Prilleltensky (Eds.), *Critical psychology: An introduction*. (pp. 265-283). London, UK: Sage.
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307-321.

- Richardson, J. D., Elhai, J. D., & Sarreen, J. (2011). Predictors of treatment response in Canadian combat and peacekeeping veterans with military-related posttraumatic stress disorder. *Journal of Nervous and Mental Disease, 199*(9), 639-645. doi:10.1097/NMD.0b013e318229ce7b
- Richardson, J.D., Elhai, J.D., Pedlar, D.J. (2006). Association of PTSD and depression with medical and specialist care utilization in modern peacekeeping veterans in Canada with health-related disabilities. *Journal of Clinical Psychiatry, 67* (8), 1240-1245
- Ridge, D., Emslie, C., & White, A. (2011). Understanding how men experience, express and cope with mental distress: Where next? *Sociology of Health & Illness, 33*(1), 145-159. doi: 10.1111/j.1467-9566.2010.01266.x
- Rintamaki, L. S., Weaver, F. M., Elbaum, P. L., Klama, E. N., & Miskevics, S. A. (2009). Persistence of traumatic memories in World War II prisoners of war. *Journal of the American Geriatrics Society, 57*(12), 2257-2262. doi:10.1111/j.1532-5415.2009.02608.x
- Ríos-Rojas, A. (2011). Beyond delinquent citizenships: Immigrant youth's (re)visions of citizenship and belonging in a globalized world. *Harvard Educational Review, 81*(1), 64-94.
- Risin, L. I., & K. (1987). The sexual abuse of boys: Prevalence and descriptive characteristics of childhood victimizations. *Journal of Interpersonal Violence, 2*(3), 309-323.
- Robinaugh, D. J., & McNally, R. J. (2011). Trauma centrality and PTSD symptom severity in adult survivors of childhood sexual abuse. *Journal of Traumatic Stress, 24*(4), 483-486. doi: 10.1002/jts.20656

- Robinson, V. (2003). Radical revisionings?: The theorizing of masculinity and (radical) feminist theory. *Women's Studies International Forum*, 26(2), 129-137. doi:10.1016/S0277-5395(03)00016-5
- Rodriguez, N., Vande Kemp, H., & Foy, D. W. (1998). Posttraumatic stress disorder in survivors of childhood sexual and physical abuse: A critical review of the empirical research. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 7(2), 17-45. doi:10.1300/J070v07n02\_02
- Roe, D., Hasson-Ohayon, I., Salyers, M. P., & Kravetz, S. (2009). A one year follow-up of illness management and recovery: Participants' accounts of its impact and uniqueness. *Psychiatric Rehabilitation Journal*, 32(4), 285-291. doi:10.2975/32.4.2009.285.291
- Rogers, C. M., & Terry, T. (1984). Clinical interventions with boy victims of sexual abuse. In I. Stewart, & J. Greer (Eds.), *Victims of sexual aggression* (pp. 91-104). New York, NY: Van Nostrand Reinhold.
- Roman, M. (2010). Treatment of post traumatic stress disorders: Part I. *Issues in Mental Health Nursing*, 31(4), 302-303. doi:10.3109/01612841003642741
- Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24(2), 143-155. doi:10.1080/09595230500102434
- Roper, M. (2007). Between the psyche and the social: Masculinity, subjectivity and the first world war veteran. *Journal of Men's Studies*, 15(3), 251-270.
- Roth, W. T. (1987). The role of medication in post-traumatic therapy. In F. A. Ochberg (Ed.), *Post-traumatic therapy and victims of violence* (pp. 39-56). New York, NY: Brunner/Mazel.

- Roy, A. (1999). Childhood trauma and depression in alcoholics: Relationship to hostility. *Journal of Affective Disorders*, 56(2), 215-218. doi:10.1016/S0165-0327(99)00044-0
- Rushing, A. M. (2008). The unitary life pattern of persons experiencing serenity in recovery from alcohol and drug addiction. *Advances in Nursing Science*, 31(3), 198-210.
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147, 598-611.
- Rutter, M., Maugham, B., Mortimore, P., Ouston, J., & Smith, A. (1979). *Fifteen thousand hours: Secondary schools and their effects on children*. Cambridge, MA: Harvard University Press.
- Said, E. W. (1984). Reflections on exile. *Granta*, 13(Autumn), 159-172.
- Saris, J. (1995). Telling stories: Life histories, illness narratives, and institutional landscapes. *Culture, Medicine and Psychiatry*, 19 (1), 39-72.
- Sartre, J.-P.. (1966). *Being and nothingness: An essay in phenomenological ontology* (H. E. Barnes Trans.). New York, NY: Citadel.
- Sayer, N. A., Frazier, P., Orazem, R. J., Murdoch, M., Gravely, A., Carlson, K. F., . . . Noorbaloochi, S. (2011). Military to civilian questionnaire: A measure of postdeployment community reintegration difficulty among veterans using Department of Veterans Affairs medical care. *Journal of Traumatic Stress*, 24(6), 660-670. doi:10.1002/jts.20706
- Sayer, N. A., Friedemann-Sanchez, G., Spont, M., Murdoch, M., Parker, L. E., Chiros, C., & Rosenheck, R. (2009). A qualitative study of determinants of PTSD treatment initiation in veterans. *Psychiatry: Interpersonal and Biological Processes*, 72(3), 238-255. doi:10.1521/psyc.2009.72.3.238

- Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services*, 61(6), 589-597. doi:10.1176/appi.ps.61.6.589
- Sayers, S. L. (2010). Family reintegration difficulties and couples therapy for military veterans and their spouses. *Cognitive and Behavioral Practice*, doi:10.1016/j.cbpra.2010.03.002
- Schäfer, I., Langeland, W., Hissbach, J., Luedecke, C., Ohlmeier, M. D., Chodzinski, C., . . . Driessen, M. (2010). Childhood trauma and dissociation in patients with alcohol dependence, drug dependence, or both—A multi-center study. *Drug and Alcohol Dependence*, 109(1-3), 84-89. doi:10.1016/j.drugalcdep.2009.12.012
- Schaubroeck, J. M., Riolli, R.T., Peng, A.C., & Spain, E.S. (2011). Resilience to traumatic exposure among soldiers deployed in combat. *Journal of Occupational Health Psychology*, 16 (1), 18-37.
- Schell, T. L., Marshall, G. N., & Jaycox, L. H. (2004). All symptoms are not created equal: The prominent role of hyperarousal in the natural course of posttraumatic psychological distress. *Journal of Abnormal Psychology*, 113, 189-197.
- Schmutte, T., Flanagan, E., Bedregal, L., Ridgway, P., Sells, D., Styron, T., & Davidson, L. (2009). Self-efficacy and self-care: Missing ingredients in health and healthcare among adults with serious mental illnesses. *Psychiatric Quarterly*, 80(1), 1-8. doi:10.1007/s11126-008-9088-9

- Schnurr, P. P., Lunney, C. A., Bovin, M. J., & Marx, B. P. (2009). Posttraumatic stress disorder and quality of life: Extension of findings to veterans of the wars in Iraq and Afghanistan. *Clinical Psychology Review, 29*(8), 727-735. doi:10.1016/j.cpr.2009.08.006
- Schottenbauer, M. A., Glass, C. R., Arnkoff, D. B., & Gray, S. H. (2008). Contributions of psychodynamic approaches to treatment of PTSD and trauma: A review of the empirical treatment and psychopathology literature. *Psychiatry: Interpersonal and Biological Processes, 71*(1), 13-34. doi:10.1521/psyc.2008.71.1.13
- Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 118-137). Thousand Oaks, CA: Sage.
- Schwartz, M. (1994). Negative impact of sexual abuse on adult male gender: Issues and strategies of intervention. *Child & Adolescent Social Work Journal, 11*(3), 179-194. doi:10.1007/BF01875870
- Schwecke, L. H. (2009). Childhood sexual abuse, PTSD, and borderline personality disorder. *Journal of Psychosocial Nursing and Mental Health Services, 47*(7), 4-6.
- Shakespeare-Finch, J., & Enders, T. (2008). Corroborating evidence of posttraumatic growth. *Journal of Traumatic Stress, 21*(4), 421-424. doi:10.1002/jts.20347
- Shamos, J. (2007). Body crimes—Fighting pain with pain. *African Journal of Psychiatry, 10*(4), 255-256.
- Sharkansky, E. J., Brief, D. J., Peirce, J. M., Meehan, J. C., & Mannix, L. M. (1999). Substance abuse patients with posttraumatic stress disorder (PTSD): Identifying specific triggers of



- substance use and their associations with PTSD symptoms. *Psychology of Addictive Behaviors*, 13(2), 89-97. doi:10.1037/0893-164X.13.2.89
- Shatan, C. F. (1973). The grief of soldiers: Vietnam combat veterans' self-help movement. *American Journal of Orthopsychiatry*, 43, 640-653.
- Shaw, D. M., Churchill, C. M., Noyes, R., & Loeffelholz, P. L. (1987). Criminal behavior and post-traumatic stress disorder in Vietnam veterans. *Comprehensive Psychiatry*, 28(5), 403-411. doi:10.1016/0010-440X(87)90057-5
- Shay, J. (1994). *Achilles in Vietnam: Combat trauma and the undoing of character*. New York, NY: Scribner.
- Shay, J. (2009). The trials of homecoming: Odysseus returns from Iraq/Afghanistan. *Smith College Studies in Social Work*, 79(3-4), 286-298.
- Shay, J. (2010). From an unlicensed philosopher: Reflections on brain, mind, society, culture--each other's environments with equal "ontologic standing". *Annals of the New York Academy of Sciences*, 1208, 32-37. doi:10.1111/j.1749-6632.2010.05797.x
- Shay, J. (2011). Casualties. *Daedalus*, 140 (3), 179-188.
- Shay, J. (2014). Moral injury. *Psychoanalytic Psychology*, 31(2), 182-191.
- Sherman, N. (2005). *Stoic warriors: The ancient philosophy behind the military mind*. New York, NY, US: Oxford University Press.
- Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis*, 22(1), 16-31.
- Shinebourne, P., & Smith, J. A. (2009). Alcohol and the self: An interpretative phenomenological analysis of the experience of addiction and its impact on the sense of self

- and identity. *Addiction Research & Theory*, 17(2), 152-167. doi:  
10.1080/16066350802245650
- Shinebourne, P., & Smith, J. A. (2010). The communicative power of metaphors: An analysis and interpretation of metaphors in accounts of the experience of addiction. *Psychology and Psychotherapy: Theory, Research and Practice*, 83(1), 59-73. doi:  
10.1348/147608309X468077
- Shinebourne, P., & Smith, J. A. (2011). 'It is just habitual': An interpretative phenomenological analysis of the experience of long-term recovery from addiction. *International Journal of Mental Health and Addiction*, 9(3), 282-295. doi:10.1007/s11469-010-9286-1
- Shinkfield, A. J., & Graffam, J. (2009). Community reintegration of ex-prisoners: Type and degree of change in variables influencing successful reintegration. *International Journal of Offender Therapy and Comparative Criminology*, 53(1), 29-42. doi:  
10.1177/0306624X07309757
- Sigafoos, C. E. (1994). A PTSD treatment program for combat (Vietnam) veterans in prison. *International Journal of Offender Therapy and Comparative Criminology*, 38(2), 117-130. doi:10.1177/0306624X9403800204
- Simpson, T. L., Kaysen, D., Bowen, S., MacPherson, L. M., Chawla, N., Blume, A., . . . Larimer, M. (2007). PTSD symptoms, substance use, and vipassana meditation among incarcerated individuals. *Journal of Traumatic Stress*, 20(3), 239-249. doi:10.1002/jts.20209
- Singh, R. (2011). Ecological epistemologies and beyond: Qualitative research in the twenty-first century. *Journal of Family Therapy*, 33(3), 229-232. doi:10.1111/j.1467-6427.2011.00563.x

- Sivakumaran, S. (2007). Sexual violence against men in armed conflict. *The European Journal of International Law*, 18(2), 253-276. doi:10.1093/ejil/chm013
- Sloan, C., Gough, B., & Conner, M. (2010). Healthy masculinities? how ostensibly healthy men talk about lifestyle, health and gender. *Psychology & Health*, 25(7), 783-803. doi: 10.1080/08870440902883204
- Smirnov, O., Arrow, H., Kennett, D., & Orbell, J. (2007). Ancestral war and the evolutionary origins of 'heroism.'. *The Journal of Politics*, 69(4), 927-940. doi:10.1111/j.1468-2508.2007.00599.x
- Smith, B. A. (1999). Clinical scholarship. ethical and methodologic benefits of using a reflexive journal in hermeneutic-phenomenologic research. *Image: Journal of Nursing Scholarship*, 31(4), 359-363.
- Smith, C.P., & Freyd, J.J. (2014). Institutional betrayal. *American Psychologist*, 69(6), 575-587.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. [271] *Psychology & Health*, 11(2), 261. doi:10.1080/08870449608400256
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54.
- Smith, J. A. (2010). Interpretative phenomenological analysis: A reply to Amedeo Giorgi. *Existential Analysis*, 21(2), 186-192.

- Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods*. (2nd ed. pp. 51-80). London, UK: Sage.
- Smith, J. A., & Osborn, M. (2007). Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. *Psychology and Health*, 22(5), 517-534.
- Smith, J. A., & Osborn, M. (2008). Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 53-80). London, UK: Sage.
- So-kum Tang, C. (2007). Culturally relevant meanings and their implications on therapy for traumatic grief: Lessons learned from a Chinese female client and her fortune-teller. In B. Droždek & J.P. Wilson (Eds.). *Voices of trauma*. (pp. 127-150). New York:NY: Springer.
- Solbue, V. (2011). In search of my hidden preconceptions as a researcher. *Reflective Practice*, 12(6), 817-827. doi:10.1080/14623943.2011.609248
- Solomon, Z., Zur-Noah, S., Horesh, D., Zerach, G., & Keinan, G. (2008). The contribution of stressful life events throughout the life cycle to combat-induced psychopathology. *Journal of Traumatic Stress*, 21(3), 318-325. doi:10.1002/jts.20340
- Solzhenitsyn, A. I. (1974). *The gulag archipelago: 1918-1956: An experiment in literary investigation, books I-II*. New York, NY: Harper & Row.
- Spitzer, C., Dudeck, M., Liss, H., Orlob, S., Gillner, M., & Freyberger, H. J. (2001). Post-traumatic stress disorder in forensic inpatients. *Journal of Forensic Psychiatry*, 12(1), 63-77. doi:10.1080/09585180010027879

- Stecker, T., Fortney, J. C., Hamilton, F., & Ajzen, I. (2007). An assessment of beliefs about mental health care among veterans who served in Iraq. *Psychiatric Services*, 58(10), 1358-1361. doi:10.1176/appi.ps.58.10.1358
- Steindl, S. R., Young, R. M., Creamer, M., & Crompton, D. (2003). Hazardous alcohol use and treatment outcome in male combat veterans with posttraumatic stress disorder. *Journal of Traumatic Stress*, 16(1), 27-34.
- Stockton, H., Hunt, N., & Joseph, S. (2011). Cognitive processing, rumination, and posttraumatic growth. *Journal of Traumatic Stress*, 24(1), 85-92. doi:10.1002/jts.20606
- Stoicism. (2015). In *Oxford Dictionaries online*. Retrieved from <http://www.oxforddictionaries.com/definition/english/stoicism>
- Strachan, M., Gros, D. F., Ruggiero, K. J., Lejuez, C. W., & Acierno, R. (2012). An integrated approach to delivering exposure-based treatment for symptoms of PTSD and depression in OIF/OEF veterans: Preliminary findings. *Behavior Therapy*, 43 (3), 460-469. doi:10.1016/j.beth.2011.03.003
- Stretch, R.H. (1995). Psychosocial readjustment of Canadian Vietnam veterans. *Journal of Consulting and Clinical Psychology*, 59 (1), 188-189.
- Struve, J. (1990). The politics of sexual abuse. In M. Hunter (Ed.), *The sexually abused male, Vol. 1: Prevalence, impact, and treatment* (pp. 3-45). Lexington, MA: Lexington Books/dc Heath and Company.
- Styron, T., & Janoff-Bulman, R. (1997). Childhood attachment and abuse: Long-term effects on adult attachment, depression, and conflict resolution. *Child Abuse & Neglect*, 21(10), 1015-1023.

- Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *British Medical Journal*, 322(7278), 3-95-98.
- Sundin, J., Fear, N. T., Iversen, A., Rona, R. J., & Wessely, S. (2010). PTSD after deployment to Iraq: Conflicting rates, conflicting claims. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences*, 40(3), 367-382. doi:10.1017/S0033291709990791
- Suvak, M. K., & Barrett, L. F. (2011). Considering PTSD from the perspective of brain processes: A psychological construction approach. *Journal of Traumatic Stress*, 24(1), 3-24. doi:10.1002/jts.20618
- Sveaass, N., & Castillo, M. (2000). From war hero to cripple: An interview study on psychosocial intervention and social reconstruction in Nicaragua. *Peace and Conflict: Journal of Peace Psychology*, 6(2), 113-133. doi:10.1207/S15327949PAC0602\_2
- Swank, G. E., & Winer, D. (1976). Occurrence of psychiatric disorder in a county jail population. *American Journal of Psychiatry*, 133(11), 1331-1333.
- Swauger, M. (2011). Afterword: The ethics of risk, power, and representation. *Qualitative Sociology*, 34(3), 497-502. doi:10.1007/s11133-011-9201-5
- Symes, C. (2006). The paradox of the canon: Edward W. Said and musical transgression. *Discourse: Studies in the Cultural Politics of Education*, 27(3), 309-324. doi:10.1080/01596300600838751
- Symes, L. (1995). Post traumatic stress disorder: An evolving concept. *Archives of Psychiatric Nursing*, 9(4), 195-202.

- Taft, C. T., Stern, A. S., King, L. A., & King, D. W. (1999). Modeling physical health and functional health status: The role of combat exposure, posttraumatic stress disorder, and personal resource attributes. *Journal of Traumatic Stress, 12*(1), 3.
- Taminiaux, J. (1978). Heidegger and Husserl's *logical investigations*: In remembrance of Heidegger's last seminar (Zähringen, 1973). In J. Sallis (Ed.), *Radical phenomenology: Essays in honor of Martin Heidegger* (pp. 58-83). Atlantic Highlands, NJ: Humanities Press
- Taylor, S. (2010). Posttraumatic stress disorder. In S. Taylor (Ed.), *Cognitive-behavioral therapy for refractory cases: Turning failure into success*. (pp. 139-153). Washington, DC US: American Psychological Association. doi:10.1037/12070-007
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471.
- Tedeschi, R. G., & Park, C.L. (1998). Posttraumatic growth: Conceptual issues. In R. G. Tedeschi, C. L. Park & L. G. Calhoun (Eds.), *Posttraumatic growth: Positive changes in the aftermath of crisis* (pp. 1-22). Mahwah, NJ: Lawrence Erlbaum Associates.
- Tedeschi R. G., Park C. L. and Calhoun L. G. (Eds.). (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. Mahwah, NJ: Erlbaum.
- Tewksbury, R. (2007). Effects of Sexual Assaults on Men: Physical, Mental and Sexual Consequences. *International Journal of Men's Health, 22* (1), 22-35.
- Thompson, B. L., & Waltz, J. (2010). Mindfulness and experiential avoidance as predictors of posttraumatic stress disorder avoidance symptom severity. *Journal of Anxiety Disorders, 24* (4), 409-415. doi:10.1016/j.janxdis.2010.02.005

- Turnbull, L. (1997). Narcissism and the potential for self transformation in the twelve steps. *Health, 1*(2), 149-165.
- Tusaie, K., & Dyer, J. (2004). Resilience: A historical review of the construct. *Holistic Nursing Practice, 18*(1), 3-10.
- Twenge, J. M., Baumeister, R. F., Tice, D. M., & Stucke, T. S. (2001). If you can't join them, beat them: Effects of social exclusion on aggressive behavior. *Journal of Personality and Social Psychology, 81*, 1058-1069.
- Uggen, C., Manza, J., & Behrens, A. (2004). Less than the average citizen: Stigma, role transition and the civic reintegration of convicted felons. In S. Maruna, & R. Immergreen (Eds.), *After crime and punishment: Pathways to offender reintegration* (pp. 258-290). Cullompton, Devon, UK: Willan.
- UyBico, S. J., Pavel, S., & Gross, C. P. (2007). Recruiting vulnerable populations into research: A systematic review of recruitment interventions. *Journal of General Internal Medicine, 22*(6), 852-863. doi:10.1007/s11606-007-0126-3
- Valente, S. M. (2005). Sexual abuse of boys. *Journal of Child and Adolescent Psychiatric Nursing, 18*(1), 10-16. doi:10.1111/j.1744-6171.2005.00005.x
- Van den Hoonaard, W. C. (2001). Is research ethics review a moral panic? *Canadian Review of Sociology and Anthropology, 38*(1), 19-36.
- Van der Hart, O., Nijenhuis, E. R. S., & Steele, K. (2005). Dissociation: An insufficiently recognized major feature of complex PTSD. *Journal of Traumatic Stress, 18*, 413-424.
- Van der Kolk, B. A. (1987). The biological response to psychic trauma. In F. A. Ochberg (Ed.), *Post-traumatic therapy and victims of violence* (pp. 25-38). New York, NY: Brunner/Mazel.



- Van der Kolk, B. A., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress*, 8(4), 505-525.
- Van der Kolk, B. A., Greenberg, M., Boyd, H., & Krystal, J. (1985). Inescapable shock, neurotransmitters, and addiction to trauma: Toward a psychobiology of post traumatic stress. *Biological Psychiatry*, 20, 314-325.
- Van der Kolk, B. A., Pelcovitz, D., Roth, S., & Mandel, F. S. (1996). Dissociation, somatization, and affect dysregulation: The complexity of adaption to trauma. *The American Journal of Psychiatry*, 153, 83-93.
- Van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (1979). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*, 18(5), 389-399.
- Van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*, 18(5), 389-399.
- Van der Kolk, B. A., & Van der Hart, O. (1989). Pierre Janet and the breakdown of adaptation in psychological trauma. *American Journal of Psychiatry*, 146, 1530-1540.
- Van Winkle, E. P., & Safer, M. A. (2011). Killing versus witnessing in combat trauma and reports of PTSD symptoms and domestic violence. *Journal of Traumatic Stress*, 24(1), 107-110.  
doi:10.1002/jts.20614
- Vandemark, L. M. (2007). Promoting the sense of self, place, and belonging in displaced persons: The example of homelessness. *Archives of Psychiatric Nursing*, 21(5), 241-248.  
doi:10.1016/j.apnu.2007.06.003

- Vander Kooij, C. (2009). Recovery themes in songs written by adults living with serious mental illnesses. *Canadian Journal of Music Therapy*, 15(1), 37-58.
- Vogel-Scibilia, S., McNulty, K. C., Baxter, B., Miller, S., Dine, M., & Frese, III, F.J. (2009). The recovery process utilizing Erikson's stages of human development. *Community Mental Health Journal*, 45(6), 405-414. doi:10.1007/s10597-009-9189-4
- Wade, J. C. (1998). Male reference group identity dependence: A theory of male identity. *The Counselling Psychologist*, 26, 349-383.
- Wansink, B., Payne, C. R., & van Ittersum, K. (2008). Profiling the heroic leader: Empirical lessons from combat-decorated veterans of World War II. *The Leadership Quarterly*, 19(5), 547-555. doi:10.1016/j.leaqua.2008.07.010
- Ward, H. (2011). Continuities and discontinuities: Issues concerning the establishment of a persistent sense of self amongst care leavers. *Children and Youth Services Review*, doi: 10.1016/j.childyouth.2011.08.028
- Ward, T., & Birgden, A. (2009) Accountability and dignity: ethical issues in forensic and correctional practice, *Aggression and Violent Behavior*, 14 (4), 227-231.
- Warnick, B. (1979a). *Martin Heidegger: Interpretation, language, and the intrapersonal process*. Retrieved from: <http://files.eric.ed.gov/fulltext/ED172279.pdf>
- Warnick, B. (1979b). Structuralism vs. phenomenology: Implications for rhetorical criticism. *Quarterly Journal of Speech*, 65(3), 250.
- Wasserman, G. A., & McReynolds, L. S. (2011). Contributors to traumatic exposure and posttraumatic stress disorder in juvenile justice youths. *Journal of Traumatic Stress*, 24(4), 422-429. doi:10.1002/jts.20664

- Watkins, W. G., & Bentovim, A. (1992). The sexual abuse of male children and adolescents: A review of current research. *Journal of Child Psychology and Psychiatry*, 33(1), 197-248. doi:10.1111/j.1469-7610.1992.tb00862.x
- Watters, J. K., & Biernacki, P. (1989). Targeted sampling: Options for the study of hidden populations. *Social Problems*, 36(4), 416-430.
- Wedgwood, N. (2009). Connell's theory of masculinity - its origins and influences on the study of gender. *Journal of Gender Studies*, 18(4), 329-339. doi:10.1080/09589230903260001
- Weeks, R., & Widom, C. S. (1998). Self-reports of early childhood victimization among incarcerated adult male felons. *Journal of Interpersonal Violence*, 13(3), 346-361. doi:10.1177/088626098013003003
- Weinberg, S. K. (1946). The combat neuroses. *American Journal of Sociology*, 51(5), 465-478.
- Weiss, D. S. (2011). Living forward, understanding backward. *Journal of Traumatic Stress*, 24(1), 1-2. doi:10.1002/jts.20619
- Wendt, S., & Boylan, J. (2008). Feminist social work research engaging with poststructural ideas. *International Social Work*, 51(5), 599-609. doi:10.1177/0020872808093339
- Werth, R. (2012). I do what I'm told, sort of: Reformed subjects, unruly citizens, and parole. *Theoretical Criminology*, 16 (3), 329-346.
- Worthington, E.L., & Langberg, D. (2012). Religious considerations and self-forgiveness in treating complex trauma and moral injury in present and former soldiers. *Journal of Psychology and Theology*, Vol 40(4), 274-288.
- Wertz, F. W. (2011). A phenomenological psychological approach to trauma and resilience. In F. W. Wertz, K. Charmaz, L. M. McMullen, R. Josselson & R. Anderson (Eds.), *Five ways of*

- doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry* (pp. 124-164). New York, NY: The Guilford Press.
- Wesley-Esquimaux, C., & Snowball, A. (2010). Viewing violence, mental illness and addiction through a wise practices lens. *International Journal of Mental Health and Addiction*, 8(2), 390-407. doi:10.1007/s11469-009-9265-6
- White, R. (2011). Marxist and critical theory. In C. D. Bryant (Ed.), *The Routledge handbook of deviant behavior*. (pp. 150-156). New York, NY US: Routledge/Taylor & Francis Group.
- White, W., Boyle, M., & Loveland, D. (2005). Recovery from addiction and from mental illness: Shared and contrasting lessons. In P. W. Corrigan (Ed.), *Recovery in mental illness: Broadening our understanding of wellness*. (pp. 233-258). Washington, DC US: American Psychological Association. doi:10.1037/10848-010
- Widom, C. S. (1999). Posttraumatic stress disorder in abused and neglected children grown up. *The American Journal of Psychiatry*, 156(8), 1223-1229.
- Widom, C. S., Schuck, A. M., & White, H. R. (2006). An examination of pathways from childhood victimization to violence: The role of early aggression and problematic alcohol use. *Violence and Victims*, 21(6), 675-690. doi:10.1891/vv-v21i6a001
- Widom, C. S., & White, H. R. (1997). Problem behaviours in abused and neglected children grown up: Prevalence and co-occurrence of substance abuse, crime and violence. *Criminal Behaviour and Mental Health*, 7(4), 287-310. doi:10.1002/cbm.191
- Wilson, J.P. (1989). *Trauma, transformation and healing: An integrative approach to theory, research, and post traumatic therapy*. New York, NY: Brunner/Mazel.

- Wilson, J.P., Drozdek, B., & Turkovic, S. (2006). Posttraumatic shame and guilt. *Trauma, Violence, and Abuse*, 7 (2), 122–144.
- Wingo, A. P., Wrenn, G., Pelletier, T., Gutman, A. R., Bradley, B., & Ressler, K. J. (2010). Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure. *Journal of Affective Disorders*, 126(3), 411-414. doi:10.1016/j.jad.2010.04.009
- Winnick, T. A., & Bodkin, M. (2008). Anticipated stigma and stigma management among those to be labeled 'ex-con.'. *Deviant Behavior*, 29(4), 295-333. doi:10.1080/01639620701588081
- Wisdom, J. P., Bruce, K., Saeedi, G. A., Weis, T., & Green, C. A. (2008). 'Stealing me from myself': Identity and recovery in personal accounts of mental illness. *Australian and New Zealand Journal of Psychiatry*, 42(6), 489-495. doi:10.1080/00048670802050579
- Wolf, G. K., Reinhard, M., Cozolino, L. J., Caldwell, A., & Asamen, J. K. (2009). Neuropsychiatric symptoms of complex posttraumatic stress disorder: A preliminary Minnesota Multiphasic Personality Inventory scale to identify adult survivors of childhood abuse. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1(1), 49-64. doi: 10.1037/a0015162
- Wolfe, D.A., Francis, K.J., & Straatman, A-L. (2006). Child abuse in religiously-affiliated institutions: Long-term impact on men's mental health. *Child Abuse & Neglect*, 30, 205-212.
- Wolfe, J., Brown, P. J., & Kelley, J. M. (1993). Reassessing war stress: Exposure and the Persian Gulf War. *Journal of Social Issues*, 49(4), 15-31.

- Wong, Y. J., Shea, M., LaFollette, J. R., Hickman, S. J., Cruz, N., & Boghokian, T. (2011). The inventory of subjective masculinity experiences: Development and psychometric properties. *Journal of Men's Studies, 19*(3), 236-255. doi:10.3149/jms.1903.236
- Woodward, R., & Jenkins, K. N. (2011). Military identities in the situated accounts of British military personnel. *Sociology, 45*(2), 252-268. doi:10.1177/0038038510394016
- Zahradnik, M., Stewart, S. H., Marshall, G. N., Schell, T. L., & Jaycox, L. H. (2009). Anxiety sensitivity and aspects of alexithymia are independently and uniquely associated with posttraumatic distress. *Journal of Traumatic Stress, 22*(2), 131-138. doi:10.1002/jts.20397
- Zerach, G., Greene, T., Ginzburg, K., & Solomon, Z. (2014). The relations between Posttraumatic stress disorder and persistent dissociation among ex-prisoners of war: A longitudinal study. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi: 10.1037/a0031599
- Zimmerman, M. E. (1978). Some important themes in current Heidegger research. In J. Sallis (Ed.), *Radical phenomenology: Essays in honor of Martin Heidegger* (pp. 259-281). Atlantic Highlands, NJ: Humanities Press.
- Zlotnick, C., Zakriski, A. L., Shea, M. T., Costello, E., Begin, A., Pearlstein, T., & Simpson, E. (1996). The long-term sequelae of sexual abuse: Support for a complex posttraumatic stress disorder. *Journal of Traumatic Stress, 9*(2), 195-205.

## APPENDIX A

### **Invitation to Participate**

Atlantic Regional Training Centre/University of Prince Edward Island

#### **Heroes and hooligans: Men's experiences of resilience and belonging in PTSD recovery**

I am interested in speaking with men about their experiences with recovery from trauma and posttraumatic stress disorder. If you are male and have spent time in prison for criminal offenses AND experienced boyhood sexual abuse I would like to talk to you. OR if you are male and have spent time as a member of the Canadian Forces AND experienced combat stress injuries, I would like to talk with you.

I am a graduate student in the Master of Applied Health Services Research program of the Atlantic Regional Training Centre in Halifax, working from the University of Prince Edward Island. My thesis is on the role of resilience and a sense of belonging in the recovery work of male individuals who have experienced Post-Traumatic Stress Disorder (PTSD) and have also lived in environments of aggression and violence.

My goal in this research is to learn about ways that you have taken to deal with and recover from combat stress (if you are/were with the military) OR sexual abuse in your childhood (if you are an offender/ex-offender). In particular, I want to learn about your personal strengths (resilience) and your thoughts about your place in the community (sense of belonging). I also want to discuss what recovery in PTSD means for you, for your life, and what is your process of being 'in recovery'.

If you think you might be interested in participating in this research, please know that you are not committing to anything. You may start and then not want to continue. You may decide

you want to get involved and then change your mind. That is completely okay; you can withdraw from participation at any time, including at the end of the project.

I will be interviewing each person a maximum of three times, depending on the length of each interview and your need to care for yourself and your feelings. Each interview will be approximately 1 – 1.5 hours in length, again depending on the participant; the third will be used only to clarify any issues or concerns and points you wish to make. Your name and any other identifiers will be kept in confidence, with an invented name and information (such as age and place of residence) used in any publications, including my thesis.

If you are interested in finding out more about this project, please call me, Susan Hornby, at 902-314-9467 or by email at: [sjhornby@upei.ca](mailto:sjhornby@upei.ca).



## APPENDIX B

### **Information Letter (Veteran population)**

Atlantic Regional Training Centre/ University of Prince Edward Island

#### **Heroes and hooligans: Men's experiences of resilience and belonging in PTSD recovery**

From Susan Hornby, Master of Applied Health Services Research Program, UPEI

Thesis Supervisor: Dr. Colleen MacQuarrie, Department of Psychology, UPEI

2012 September 30

Dear [*Participant*]:

The purpose of my research is to find out about the lived experiences of you and others who developed post-traumatic stress disorder (PTSD) as the result of traumas you experienced during combat duty with the Canadian Forces.

I'm going to be talking with you about PTSD, which is the stress and anger and problems you had since the tour of duty where you experienced traumas. I'm going to be talking with you about resilience, or strength, your strengths and character that you developed over the years, that helped you live in violent places, like war zones, and survive despite the situations you were in and the things you saw, but also that lets you move past just surviving to living and being able to take care of yourself in healthy ways.

I'm also going to be talking about sense of belonging, or the things going on in your life that allow you to feel like you belong, have a purpose, a place that's good in the community.

I'm going to talk with you about how you define recovery, being 'in recovery' from the trauma, and what this feels like in your life.

In our discussions, I will use an audio-tape to record our conversations. Its only purpose is to provide me exactly what you say, so I won't miss anything and so I won't misunderstand you. These tapes will be heard by me alone and after I transcribe them exactly (by typing out our conversation) I will delete them. I will also provide you with a copy of the transcription so that you can see what I've written and can make any changes.

Our conversations will last roughly one hour to one and one-half hours and, depending on your involvement, there may be up to three of them. With your consent, these interviews should take place one to two weeks apart, and should be concluded within a month or so. This is your story and I want to make sure I hear everything you have to tell me about PTSD and recovery from it in your life. In total, I am hoping you will consent to provide me with interview times and any other involvement you would like in this study, including: reflections, drawings, music, photographs compiled between interviews to show to yourself and to me what else you would like to describe from the trauma/resilience/belonging/recovery experiences.

You know this without me saying, but a lot of what we're going to be discussing may bring up harsh memories and negative feelings. You have to know that you can walk away at any time, that you can leave, not show up, or ask me to take all of your information out of my research. And I promise you that I will honour that, and that this promise will run until my project is over.

I will provide you with telephone numbers of counsellors and other resources, such as self-help groups in the community, for you to turn to if you want to talk with someone else and get some support for dealing with memories and events in your life that have caused you pain.

In other words, if you consent to participate, your consent means that you know the objectives of the research, what will happen to the results, how I will protect your anonymity, how I will share what I'm learning along the way and at the end, and how you have the right to withdraw at any time.

I will keep confidential everything you tell me and use your information with your identity kept secret. The only time I must break confidentiality is if you disclose a crime for which you have not been charged, or the details of a crime you are about to commit; I am bound by law to report crime, so don't give me those details.

I must put your real name with your real signature on a consent form. It will be kept in a locked, secure cabinet, and will not be available to anyone except me; only your coded name or alias (which you and I invent) will be used in any publication of my research. However, it is important for you to know that complete confidentiality cannot be guaranteed; this is a small community and someone might guess your identity from quotes used in publications.

If you have any questions or concerns about this research or your participation, you can ask me at any time during our interviews and at the end, and I will be happy to answer them.

Yours truly

Susan Hornby

MAHSR student

Tel: 902-314-9467

Email: [sjhornby@upei.ca](mailto:sjhornby@upei.ca)

## APPENDIX C

### **Information Letter – Offender population**

Atlantic Regional Training Centre/ University of Prince Edward Island

#### **Heroes and hooligans: Men's experiences of resilience and belonging in PTSD recovery**

From Susan Hornby, Master of Applied Health Services Research Program

Thesis Supervisor: Dr. Colleen MacQuarrie, Department of Psychology, UPEI

2012 September 30

Dear [*Participant*]

The purpose of my research is to find out about the lived experiences of you and others who were sexually abused as boys and went on to spend some or all of your adult lives in and out of prisons and jails.

I'm going to be talking about things like post-traumatic stress disorder, or PTSD, which is the stress and anger and problems you had since the abuse, as the result of the abuse. I'm going to be talking with you about resilience, or strength, your strengths and character that you developed over the years, that helped you live in violent places, like prisons, and survive despite your boyhood abuse, but also that lets you move past just surviving to living outside of prison, being able to take care of yourself in healthy ways.

I'm also going to be talking about sense of belonging, or the things going on in your life that allow you to feel like you belong on the street, have a purpose, a place that's good in the community.

I'm going to talk with you about how you define recovery, being 'in recovery' from the trauma, and what this feels like in your life.

In our discussions, I will use an audio-tape to record our conversations. Its only purpose is to provide me exactly what you say, so I won't miss anything and so I won't misunderstand you. These tapes will be heard by me alone and after I transcribe them exactly (by typing out our conversation) I will delete them. I will also provide you with a copy of the transcription so that you can see what I've written and can make any changes.

Our conversations will last roughly one hour to one and one-half hours and, depending on your involvement, there may be up to three of them. With your consent, these interviews should take place one to two weeks apart and should be concluded within a month or so. This is your story and I want to make sure I hear everything you have to tell me about PTSD and recovery from it in your life. In total, I am hoping you will consent to provide me with interview times and any other involvement you would like in this study, including: reflections, drawings, music, photographs compiled between interviews to show to yourself and to me what else you would like to describe from the trauma/resilience/belonging/recovery experiences.

You know this without me saying, but a lot of what we're going to be discussing may bring up harsh memories and negative feelings. You have to know that you can walk away at any time, that you can leave, not show up, or ask me to take all of your information out of my research. And I promise you that I will honour that, and that this promise will run until my project is over.

I will provide you with telephone numbers of counsellors and other resources, such as self-help groups in the community, for you to turn to if you want to talk with someone else and get some support for dealing with memories and events in your life that have caused you pain.

In other words, if you consent to participate, your consent means that you know the objectives of the research, what will happen to the results, how I will protect your anonymity, how I will share what I'm learning along the way and at the end, and how you have the right to withdraw at any time.

I will keep confidential everything you tell me and use your information with your identity kept secret. The only time I must break confidentiality is if you disclose a crime for which you have not been charged, or the details of a crime you are about to commit; I am bound by law to report crime, so don't give me those details.

I must put your real name with your real signature on a consent form. It will be kept in a locked, secure cabinet, and will not be available to anyone except me; only your coded name or alias (which you and I invent) will be used in any publication of my research. However, it is important for you to know that complete confidentiality cannot be guaranteed; this is a small community and someone might guess your identity from quotes used in publications.

If you have any questions or concerns about this research or your participation, you can ask me at any time during our interviews and at the end, and I will be happy to answer them.

Yours truly

Susan Hornby

MAHSR student

Tel: 902-314-9467

Email: [sjhornby@upei.ca](mailto:sjhornby@upei.ca)

## APPENDIX D

### Consent to Participate Form -- Veteran

Atlantic Regional Training Centre/ University of Prince Edward Island

#### **Heroes and hooligans: Men's experiences of resilience and belonging in PTSD recovery**

To be reviewed with (Participant) at the beginning of each interview, sharing and review of transcript, and at the end of the project.

I, \_\_\_\_\_[*Participant*]\_\_\_\_\_, agree to participate in the above named research,

being aware of the following:

- I will be interviewed individually by Susan Hornby, a graduate student in the Master of Applied Health Services Research program, regarding my experiences with: life in the military, Post-Traumatic Stress Disorder, stress injuries from combat tour(s) of duty, post-combat coping problems, resilience and personal growth, sense of belonging in the community.
- I have the right to withdraw my participation at any point, from the beginning to the end of the project.
- I understand that the interviews may bring up painful memories and events and that I will be provided telephone numbers and contact information for counsellors and therapeutic resources in the community.
- I consent to participate in a maximum of three interviews, each lasting 1 – 1.5 hours in length. I will determine the length of each interview and the number of interviews.
- I have read and understand the material in the information letter.
- I understand my participation is voluntary.

- I understand that I have the freedom to not answer any question.
- I understand the information will be confidential within the limits of the law.
- I understand I can keep a copy of the signed and dated consent form.
- I consent to have the interviews audio-recorded by means of a digital tape recorder.
- I consent to have the recorded interviews transcribed verbatim (exactly) by Susan Hornby.
- I consent to have the transcription of each interview read to me/shared with me by Susan Hornby.
- I am aware that I may change aspects of the transcription, including adding and/or deleting information contained in the transcriptions.
- I am aware that the digital recordings will be erased at the completion of each transcription.
- I am aware that this and all other signed consent forms and the transcribed interviews (on flash drive) will be stored in a locked cabinet in the Department of Psychology at UPEI with access to the cabinet permitted to Susan Hornby alone.
- I am aware that all information that could identify me and all codes related to my information will be stored in above cabinet accessed only by Susan Hornby.
- I am aware that Susan Hornby has received funding to conduct this research from the Bob and Priscilla Borden Scholarship in Post-Traumatic Stress Disorder.
- I am aware that there are no inducements or compensation attached to my participation in this project.
- I agree to have substantial quotes from my interviews used by Susan Hornby in publications or workshops.



- I understand that I can contact the UPEI Research Ethics Board at (902) 620-5104, or by e-mail at [reb@upei.ca](mailto:reb@upei.ca) if I have any concerns about the ethical conduct of this study.

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Susan Hornby: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX E

### **Consent to Participate Form - Offender**

Atlantic Regional Training Centre/ University of Prince Edward Island

#### **Heroes and hooligans: Men's experiences of resilience and belonging in PTSD recovery**

To be reviewed with (Participant) at the beginning of each interview, sharing and review of transcript, and at the end of the project.

I, \_\_\_\_\_[*Participant*]\_\_\_\_\_, agree to participate in the above named research,  
being aware of the following:

- I will be interviewed individually by Susan Hornby, a graduate student in the Master of Applied Health Services Research program, regarding my experiences with: boyhood sexual abuse, Post-Traumatic Stress Disorder, criminal behaviours, incarceration, resilience and personal growth, and sense of belonging and place in the community.
- I have the right to withdraw my participation at any point, from the beginning to the end of the project.
- I understand that the interviews may bring up painful memories and events and that I will be provided telephone numbers and contact information for counsellors and therapeutic resources in the community.
- I consent to participate in a maximum of three interviews, each lasting 1 – 1.5 hours in length. I will determine the length of each interview and number of interviews.
- I have read and understand the material in the information letter.
- I understand my participation is voluntary.
- I understand that I have the freedom to not answer any question.

- I understand the information will be confidential within the limits of the law.
- I understand I can keep a copy of the signed and dated consent form.
- I consent to have the interviews audio-recorded by means of a digital tape recorder.
- I consent to have the recorded interviews transcribed verbatim (exactly) by Susan Hornby.
- I consent to have the transcription of each interview read to me/shared with me by Susan Hornby.
- I am aware that I may change aspects of the transcription, including adding and/or deleting information contained in the transcriptions.
- I am aware that the digital recordings will be erased at the completion of each transcription.
- I am aware that this and all other signed consent forms and the transcribed interviews (on flash drive) will be stored in a locked cabinet in the Department of Psychology at UPEI with access to the cabinet permitted to Susan Hornby alone.
- I am aware that all information that could identify me and all codes related to my information will be stored in above cabinet accessed only by Susan Hornby.
- I am aware that Susan Hornby has received funding to conduct this research from the Bob and Priscilla Borden Scholarship in Post-Traumatic Stress Disorder.
- I am aware that there are no inducements or compensation attached to my participation in this project.
- I agree to have substantial quotes from my interviews used by Susan Hornby in publications or workshops.
- I understand that I can contact the UPEI Research Ethics Board at (902) 620-5104, or by e-mail at [reb@upei.ca](mailto:reb@upei.ca) if I have any concerns about the ethical conduct of this study.

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Susan Hornby: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX F

### Interview Guide

Atlantic Regional Training Centre/ University of Prince Edward Island

#### **Heroes and hooligans: Men's experiences of resilience and belonging in PTSD recovery**

The following questions will guide the interviews.

1. What experiences have you had with the mental health care system and have these experiences contributed to your sense of recovery?
2. What do you think about the word hero/hooligan? Have you ever felt this way or wanted to feel this way? If so, at what point in your life did you begin to feel this way? Does this label define you now? If not and it defined you at one point, when did you stop feeling defined by this label? Did it contribute to your sense of identity? Was that helpful or hurtful in your recovery from trauma?
3. Do you feel you are resilient? How do you define your strengths? How has your resilience shaped you? Has it made a difference in your recovery from trauma?
4. What has been the effect of other people in your life? Do you feel you belong in the community? Would you like to talk about that? Would you like to tell me about experiences in your recovery with family, friends? Do you belong to a peer or support group? If not, would it be valuable?
5. Would you like to tell me about your life? What sorts of experiences were important? Did any experiences change the direction of your life, for better or worse? Would you like to talk about them?

6. Would you like to talk about the events that were traumatic for you? Would you like to talk about the period in your life just after them? What have these experiences meant in your life? Where have they taken you?
7. What does recovery mean for you? What does that mean? What does your life look like now?
8. What would you have needed from the mental health care system, either in your institution or in the community, which would have made a difference in your life?
9. What would you have needed from society that would have made a difference in your life?
10. How do you define what it is to be male, masculine? Has your definition of what it is to be male, masculine changed as the result of your traumas, of your recovery?
11. How are you doing as a result of these questions? Would you like to talk with a counsellor or have some information on services in the community?